

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10613 (0)

1. Corporation Name

HONEY LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

13321 SW 9TH PL 961 SW 133d Terr
DAVIE FL 33325-1625
US

13321 SW 9TH PL 961 SW 133d Terr
DAVIE FL 33325-1625
US

3. Date Incorporated or Qualified

08/08/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EASTON, GARTH
961 SW 134TH AVE
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

1-Feb-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE

NAME PACELLA, NICK
STREET ADDRESS 9361 SW 133RD TERR
CITY-STATE-ZIP DAVIE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE SD ☐ DELETE

NAME POULIN, SUSAN
STREET ADDRESS 13321 SW 9TH PLACE
CITY-STATE-ZIP DAVIE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

NAME AMEZQUITA, RICK
STREET ADDRESS 13431 SW 9TH PLACE
CITY-STATE-ZIP DAVIE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE SD ☐ DELETE

NAME TELLEZ, ROSEANN
STREET ADDRESS 1030 SW 133RD TERR
CITY-STATE-ZIP DAVIE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

NAME COHEN, STEVE
STREET ADDRESS 13410 S.W. 10TH PLACE
CITY-STATE-ZIP DAVIE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

NAME SUAREZ, JOE
STREET ADDRESS 13400 SW 10TH PL
CITY-STATE-ZIP DAVIE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)