2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N10613

Entity Name: HONEY LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13430 SW 9 PL
DAVIE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551492
DAVIE, FL 33355

New Mailing Address:

FEI Number: 65-0116328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DINALLY, CAMILLE
13430 SW 9 PL
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DINALLY, CAMILLE
Address: 13430 SW 9 PL
City-St-Zip: DAVIE, FL 33325 US

Title: ST ( ) Delete
Name: MITCHELL, MICHELLE
Address: 13540 SW 10TH L
City-St-Zip: DAVIE, FL 33325

Title: T ( ) Delete
Name: AXLER, MADELAINE
Address: 13510 SW 9TH PL
City-St-Zip: FORT LAUDERDALE, FL 33325 US

Title: D ( ) Delete
Name: AYALA, ADAM
Address: 13501 SW 9TH PL
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: MITCHELL, MICHELLE
Address: 13540 SW 10TH PL
City-St-Zip: DAVIE, FL 33325

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLE DINALLY PD 04/26/2009

Electronic Signature of Signing Officer or Director — Date