

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N34207** (3)
1. Corporation Name
HONEYBROOK PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: P O BOX 410754 MELBOURNE FL 32941-0754
Mailing Address: P O BOX 410754 MELBOURNE FL 32941-0754

3. Date Incorporated or Qualified: **08/31/1989**
3a. Date of Last Report: **03/10/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2897276	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MIKE MARTIN 2240 HICKORY DR MELBOURNE FL 32935		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE MARTIN	1.2 NAME	MELINDA MEERS
STREET ADDRESS	2240 HICKORY DR	1.3 STREET ADDRESS	4955 RIVERSIDE RD
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY ROMANN	2.2 NAME	PAUL BOUVIER
STREET ADDRESS	2235 HICKORY	2.3 STREET ADDRESS	2330 SHADY OAK ROAD
CITY-ST-ZIP	MELBORNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA, SCOTT M	3.2 NAME	ROBERT WHEELER
STREET ADDRESS	2260 PLANTATION DR	3.3 STREET ADDRESS	2360 OAK CREEK CIRCLE
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIFLETT, BARBARA	4.2 NAME	RENE' LAJOIE
STREET ADDRESS	4810 RIVERSIDE RD	4.3 STREET ADDRESS	2415 HONEYBROOK CREEK DR.
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: Paul Bouvier Date: **5-16-96** Day/line Phone #: **407-254-3003**

CR2E037 (12/95)