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**Mar 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **08/31/1989**
4. FEI Number: **59-2997276**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SHIFLETT, BARBARA A
4810 RIVERSIDE RD
MELBOURNE FL 32985**

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: *Barbara A. Shiflett* DATE: **3-6-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHIFLETT, BARBARA	
STREET ADDRESS	4810 RIVERSIDE RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FORFIER, MARC	
STREET ADDRESS	4725 RIVERSIDE RD	
CITY-ST-ZIP	MELBORNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAJOIE, RENE	
STREET ADDRESS	2415 HONEYBROOK CREEK DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, ROBERT	
STREET ADDRESS	2360 OAK CREEK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Forcier, Marc	
2.3 STREET ADDRESS	4725 Riverside Rd.	
2.4 CITY-ST-ZIP	Melbourne, FL 32935	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hurtt, Paul	
3.3 STREET ADDRESS	4805 Riverside Rd.	
3.4 CITY-ST-ZIP	Melbourne, FL 32935	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Spencer, Robert	
4.3 STREET ADDRESS	2350 High Ridge Rd.	
4.4 CITY-ST-ZIP	Melbourne, FL 32935	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara A. Shiflett* DATE: **3-6-98** (407) 254-1650

CR2E037 (1097)