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30 MAY 06 AM 8:12

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

580095-90060-12



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34207 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	

21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified
21. Suits, Apt. #, etc.	22. Suits, Apt. #, etc.	08/31/1989
23. City & State	27. City & State	4. FEI Number
23. Zip	27. Zip	50-2997276
24. Country	28. Country	Applied For
24. Country	28. Country	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent SHIFLETT, BARBARA A 4810 RIVERSIDE RD MELBOURNE FL 32965		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code	
		TERRY ORNER, TERRY 2260 Hickory Drive Melbourne FL 32935	

11. Pursuant to the provisions of Sections 617.0602 and 617.1506, 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 617.0603, Florida Statutes.

SIGNATURE: Stacy M. Giner DATE: 1 Apr 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SHIFLETT, BARBARA STREET ADDRESS: 4810 RIVERSIDE RD CITY-ST-ZIP: MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	
TITLE: TD	NAME: FORFIER, MARC STREET ADDRESS: 4725 RIVERSIDE RD CITY-ST-ZIP: MELBOURNE FL 32935	<input checked="" type="checkbox"/> DELETE	
TITLE: VO	NAME: HURTT, PAUL STREET ADDRESS: 4805 RIVERSIDE ROAD CITY-ST-ZIP: MELBOURNE FL 32935	<input checked="" type="checkbox"/> DELETE	
TITLE: SO	NAME: SPENCER, ROBERT STREET ADDRESS: 2350 HIGH RIDGE RD CITY-ST-ZIP: MELBOURNE FL 32935	<input checked="" type="checkbox"/> DELETE	
TITLE:	NAME:	<input type="checkbox"/> DELETE	
TITLE:	NAME:	<input type="checkbox"/> DELETE	
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	TERRY ORNER	2260 Hickory Drive	Melbourne FL 32935
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	Chris Anderson	2315 Hickory Creek Rd	Melbourne FL 32935
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	Secretary Shari Herman	4925 Riverside Rd	Melbourne FL 32935
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	Treasurer Scott Barnold	4820 Silver Oak Blvd	Melbourne FL 32935
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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, with all other like empowered.

SIGNATURE: Stacy M. Giner SIGNATURE REQUIRED: 3/29/99 757-9581

7/23/99

CR2037 (1/98)