

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90050 042 ****61.25

DOCUMENT # N34207

1. Entity Name

HONEYBROOK PLANTATION HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

P O BOX 410754
 MELBOURNE FL 32941-0754

P O BOX 410754
 MELBOURNE FL 32941-0754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2997276

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORNER, TERRY
2660 HICKORY DRIVE
MELBOURNE FL 32935

Name **Chris Ankersen**
 Street Address (P.O. Box Number is Not Acceptable)

2660 Hickory Drive

City **Melbourne** FL Zip Code **32935**

8. 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 *Chris Ankersen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/00**

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **ORNER, TERRY**
 STREET ADDRESS **2660 HICKORY DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **PD** Change Addition
 NAME **Chris Ankersen**
 STREET ADDRESS **2315 Hickory Creek Rd**
 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **VPD** Delete
 NAME **ANKERSON, CHRIS**
 STREET ADDRESS **2315 HICKORY CREEK RD**
 CITY-ST-ZIP **MELBORNE FL 32935**

TITLE **VPD** Change Addition
 NAME **TONY CHAMBERS**
 STREET ADDRESS **2355 High Ridge Rd**
 CITY-ST-ZIP **Melbourne FL 32935**

TITLE **SD** Delete
 NAME **HERMAN, SHARI**
 STREET ADDRESS **4925 RIVERSIDE RD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **BARHOLD, SCOTT**
 STREET ADDRESS **4820 SILVER OAK BLVD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Change Addition
 NAME **TOM CAMERON**
 STREET ADDRESS **2355 High Ridge Road**
 CITY-ST-ZIP **Melbourne FL 32935**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/00**

Daytime Phone #

CR2E037 (9/99)