

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90009 024 ****61.25

DOCUMENT # N34207

1. Entity Name

HONEYBROOK PLANTATION HOMEOWNERS ASSOCIATION, IN

(IR)

Principal Place of Business

**P O BOX 410754
 MELBOURNE FL 32941-0754**

Mailing Address

**P O BOX 410754
 MELBOURNE FL 32941-0754**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2997276

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANKERSON, CHRIS
 2660 HICKORY DRIVE
 MELBOURNE FL 32935**

Name

~~Davis, Rick~~

Street Address (P.O. Box Number is Not Acceptable)

2290 Shady Oak Rd.

Melbourne, FL 32935

City

FL

Zip Code

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

Rick Davis

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

(NOTE: Registered Agent signature required when reinstating)

8-7-01

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, TOM	
STREET ADDRESS	2355 HIGH RIDGE ROAD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANKERSON, CHRIS	
STREET ADDRESS	2315 HICKORY CREEK RD	
CITY-ST-ZIP	MELBORNE FL 32935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERMAN, SHARI <i>Spelling</i>	
STREET ADDRESS	4925 RIVERSIDE RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARHOLD, SCOTT	
STREET ADDRESS	4820 SILVER OAK BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Driggers, Ray	
STREET ADDRESS	4860 Silver Oak Blvd.	
CITY-ST-ZIP	Melbourne, FL 32935.	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Rick	
STREET ADDRESS	2290 Shady Oak Rd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herman, Sheri <i>Spelling SHGRI</i>	
STREET ADDRESS	4925 Riverside Rd	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Forcier, Marc	
STREET ADDRESS	4725 Riverside Rd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

8-7-01

CFR2E037 (5/01)