


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 003 ****70.00

DOCUMENT # N34207					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2997276	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, RICK 2290 SHADY OAK RD MELBOURNE, FL 32935 <i>Delete</i>			Name: <u>SHERI HERMAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>4925 RIVERSIDE RD</u> City: <u>PALM SHORES</u> FL Zip Code: <u>32935</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Sheri Herman</u>		SHERI HERMAN, Pres.		1/29/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICK		NAME		
STREET ADDRESS	2290 SHADY OAK RD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, SHERI		NAME	HERMAN, SHERI	
STREET ADDRESS	4925 RIVERSIDE RD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, SHRYL		NAME	DONAHUE, SHEILA	
STREET ADDRESS	2370 HIGH RIDGE RD.		STREET ADDRESS	2375 SHADY OAK RD	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	PALM SHORES, FL 32935	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPETRIS, THOMAS		NAME		
STREET ADDRESS	2290 HICKORY CREEK RD.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BTINNETTE, ELLIS	
STREET ADDRESS			STREET ADDRESS	2340 HICKORY CREEK RD	
CITY-ST-ZIP			CITY-ST-ZIP	PALM SHORES, FL 32935	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Sheri Herman</u>		SHERI HERMAN, Pres.		1/29/04 321-255-0088	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	