


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N34207 1. Entity Name HONEYBROOK PLANTATION HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business P O BOX 410754 MELBOURNE FL 32941-0754	Mailing Address P O BOX 410754 MELBOURNE FL 32941-0754
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2997276	Applied For Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STINETTE, ELLIS
2340 HICKORY CREEK ROAD
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name _____

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ellis Stinnette* 2/7/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VD ROSA, PHIL	
NAME	2360 SHADY OAK ROAD	
STREET ADDRESS	MELBOURNE FL 32935	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete
NAME	DONAHUE, SHEILA	
STREET ADDRESS	2375 SHADY OAK RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEPETRIS, THOMAS	
STREET ADDRESS	2290 HICKORY CREEK RD.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STINETTE, ELLIS	
STREET ADDRESS	2340 HICKORY CREEK RD	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000432748
02/23/06-80080-022 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.