


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90016 009 \*\*\*\*70.00

<b>DOCUMENT # N34207</b>			
1. Entity Name <b>HONEYBROOK PLANTATION HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>P O BOX 410754 MELBOURNE FL 32941-0754</b>		Mailing Address <b>P O BOX 410754 MELBOURNE FL 32941-0754</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-2997276</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>STINETTE, ELLIS 2340 HICKORY CREEK ROAD MELBOURNE FL 32935</b>		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 <i>Ellis Stinnette</i> <b>ELLIS STINETTE</b>		DATE <i>2/28/08</i>	

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSA, PHIL			NAME	MARK KOLODY		
STREET ADDRESS	2360 SHADY OAK ROAD			STREET ADDRESS	2390 OAK CREEK CIR.		
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONAHUE, SHEILA			NAME			
STREET ADDRESS	2375 SHADY OAK RD			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEFETRIS, THOMAS			NAME			
STREET ADDRESS	2290 HICKORY CREEK RD.			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STINETTE, ELLIS			NAME			
STREET ADDRESS	2340 HICKORY CREEK RD			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP			
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			
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 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.

SIGNATURE: *Sheila Donahue* **Sheila Donahue** DATE: *2/28/08* (321) *951-1605*