
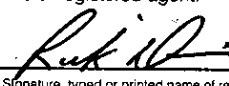


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90962 045 \*\*\*\*61.25

<b>DOCUMENT # N34207</b>			
1. Entity Name <b>HONEYBROOK PLANTATION HOMEOWNERS ASSOCIATION, IN C.</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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DAVIS, RICK 2290 SHADY OAK RD MELBOURNE FL 32935</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 		DATE <b>2-28-03</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



CHECK HERE IF MAKING CHANGES

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

<b>FILE NOW: FEE IS \$61.25</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>
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>VPD</b>	<b>DRIGGERS, RAY</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4860 SILVER OAK BLVD</b>	NAME	
STREET ADDRESS	<b>MELBOURNE FL 32935</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, RICK</b>	NAME	
STREET ADDRESS	<b>2290 SHADY OAK RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMAN, SHERI</b>	NAME	<b>Herman, Sheri</b>
STREET ADDRESS	<b>4925 RIVERSIDE RD</b>	STREET ADDRESS	<b>4925 Riverside Rd.</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>ID</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORCIER, MARC</b>	NAME	<b>Shryl Johnson</b>
STREET ADDRESS	<b>4725 RIVERSIDE RD</b>	STREET ADDRESS	<b>2370 High Ridge Rd.</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Thomas DePetris</b>
STREET ADDRESS		STREET ADDRESS	<b>2290 Hickory Creek Rd.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
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:  **RE REQUIRED**      2-28-03      321-259-5388

CR2E037 (10/02)