

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34207

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC0468055565**

**Entity Name:** HONEYBROOK PLANTATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**Current Mailing Address:**

928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901 US

**FEI Number:** 59-2997276

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPACE COAST PROPERTY MANAGEMENT OF BREVARD  
928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TREA  
Name FRANTZ, ROBERT  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title SEC  
Name DEPETRIS, THOMAS  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title PRES  
Name WHITMORE, PAUL  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title VP  
Name LEWIS, BILL  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title DAL  
Name QUINN, BETTY  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title DAL  
Name DUGGAN, JACK  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title DAL  
Name FAIRMAN, BRADLEY  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title DAL  
Name TREVATHAN, JEFFREY  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT FRANTZ**

**TREASURER**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DAL  
Name BARHOLD, JAMES  
Address 928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901