

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34207

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**8378667757CC**

**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            PRES  
Name            DEPETRIS, TOM  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

Title            SECRETARY  
Name            PRUNEAU, DEBBIE  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

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

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

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

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

Title            TREASURER  
Name            WHITING, DELBERT  
Address        928 E. NEW HAVEN AVE.  
City-State-Zip: MELBOURNE FL 32901

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

**Continues on page 2**

*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: DELBERT WHITING**

**TREASURER**

**04/15/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DAL  
Name KALINOSKY, PAUL  
Address 928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL