2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 723921

Entity Name: HONEYSUCKLE CONDOMINIUM APARTMENTS, INC. THE

Current Principal Place of Business:

10 BARACUDA LANE
KEY LARGO, FL 33307 US

New Principal Place of Business:

1 BARACUDA LANE
KEY LARGO, FL 33307 US

Current Mailing Address:

10 BARACUDA LANE
KEY LARGO, FL 33307 US

New Mailing Address:

1 BARACUDA LANE
KEY LARGO, FL 33307 US

FEI Number: 59-1508044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, EVELYN
10 BARACUDA LANE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

MOSS & ASSOCIATES PROPERTY MGMT.
1 BARACUDA LANE
KEY LARGO, FL 33037 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: EVELYN MOSS 04/08/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HELD, BEREL
Address: 10 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: VP ( ) Delete
Name: IZ, ALI
Address: 10 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: T ( ) Delete
Name: ARIOSA, JOSEPH
Address: 10 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: POA ( ) Delete
Name: MOSS, EVELYN
Address: 10 BARACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HELD, BEREL
Address: 1 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: VP (X) Change ( ) Addition
Name: IZ, ALI
Address: 1 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: T (X) Change ( ) Addition
Name: ARIOSA, JOSEPH
Address: 1 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

Title: MA (X) Change ( ) Addition
Name: MOSS, EVELYN
Address: 1 BARRACUDA LANE
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVELYN MOSS MA 04/08/2009
Electronic Signature of Signing Officer or Director Date