2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2004
Secretary of State

DOCUMENT# N00000002413

Entity Name: HONEYVINE RESIDENTS INC.

Current Principal Place of Business:

10365 ULMERTON RD
CLUBHOUSE
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

10365 ULMERTON RD #79
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-2948035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAZELTON, DON
7501 142ND AVE N #357
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HEITHOFF, WAYNE
Address: 10365 ULMERTON RD, UNIT 79
City-St-Zip: LARGO, FL 33771

Title: VD ( ) Delete
Name: SLACK, ED
Address: 10365 ULMERTON RD, UNIT 2
City-St-Zip: LARGO, FL 33771

Title: SD ( ) Delete
Name: COLBURN, PAMELA
Address: 10365 ULMERTON RD, UNIT 96
City-St-Zip: LARGO, FL 33771

Title: TD ( ) Delete
Name: BRANT, NANCY
Address: 10365 ULMERTON RD, UNIT 36
City-St-Zip: LARGO, FL 33771

Title: DIR ( ) Delete
Name: TAYLOR, BART
Address: 10365 ULMERTON RD, UNIT 5
City-St-Zip: LARGO, FL 33771

Title: DIR ( ) Delete
Name: KELLEY, LORNE
Address: 10365 ULMERTON RD, UNIT 4
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE HEITHOFF PD 03/14/2004

Electronic Signature of Signing Officer or Director — Date

VALERIE NIELD, DIR
10365 ULMERTON RD, UNIT 42
LARGO, FL 33771