2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002413

Entity Name: HONEYVINE RESIDENTS INC.

FILED Mar 06, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	MERTON RD					
Current M	ailing Addre	ss:	New Ma	New Mailing Address:		
10365 ULN LARGO, F	MERTON RD ; L 33771	1 79				
FEI Number: 59-2948035 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of	Current Registered Agent:	Name a	ınd Address of	New Registered Agent:	
LARGO, F	ID AVE N #35 L 33771 U	S				
	named entity of Florida.	submits this statement for the p	urpose of changir	ng its registered	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent		Date	
OFFICERS AND DIRECTORS:			ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HEITHOFF, W	TON RD, UNIT 79	Title: Name: Address: City-St-Zi	,) Change () Addition	
Title: Name: Address: City-St-Zip:	SLACK, ED) Delete TON RD, UNIT 2 3771	Title: Name: Address: City-St-Zi	POSKUS, ED 10365 ULMER	X) Change ()Addition RTON RD, UNIT 83 3771	
Title: Name: Address: City-St-Zip:	COLBURN, PA	TON RD, UNIT 96	Title: Name: Address: City-St-Zi	,) Change () Addition	
Title: Name: Address: City-St-Zip:	BRANT, NANC	TON RD, UNIT 36	Title: Name: Address: City-St-Zi	BORDO, JOY 10365 ULMER	RTON RD, UNIT 22	
Title: Name: Address: City-St-Zip:	TAYLOR, BAR	TON RD, UNIT 5	Title: Name: Address: City-St-Zi	,) Change () Addition	
Title: Name: Address: City-St-Zip:	KELLEY, LOR	TON RD, UNIT 4	Title: Name: Address: City-St-Zi	NIELD, VALEI 10365 ULMER	RTON RD, UNIT 42	

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 03/06/2005