FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N02770

(8)

1. Corporation Name							Į.						
HONEYTREE NORTH GARDEN HOMES HOMEOWNERS ASSOCION, INC. Principal Place of Business Mailing Address						AT							
·								<u></u>					
	19 BUTTERCUP DR. IKELAND FL 33801		049 BUTTERCUP DRIVE LAKELAND FL 33801				3. Date Incorporated or Qualified 04/26/1984						
US							4. FEI Number 59-2450473	Applied For Not Applicable					
2. 21	Principal Place of Business 2a. Mailing Address 26						5. Certificate of Status Desired	\$8.75 Additional Fee Required					
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution						
23	City & State	City & State 28				7. Is this nonprofit corporation a homeowners association? X Yes No							
24	Zip	Country 25	Zip Count				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
	9. Name	and Address of Current	Registered Agent			10. Name and Address of New Registered Agent							
					81	Name							
ELUS, BEVERLY 949 BUTTERCUP DRIVE						Street Address (P.O. Box Number is Not Acceptable)							
LAKELAND FL 33801					83								
					84		FL	85 Zip Code					
11	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SI	GNATURE												
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
12. OFFICERS AND DIRECTORS		— [1	3.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12							

SIGNATURE									
	Signature, typed or printed name of registered agent and title if applic			e required when reinstating) DA					
12.	OFFICERS AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P	☐ DELETE	1.1 TITLE		L Change	Addition			
NAME	Brown, Sharon S		1.2 NAME			l			
STREET ADDRESS	913 BUTTERCUP DRIVE		1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY-ST-ZIP	<u> </u>					
TITLE	V	DELETE	2.1 TITLE	V	Change	☐ Addition			
NAME	DRAWDRY, PAT		2.2 NAME	HAYES, JANET	•				
STREET ADDRESS	918 BUTTERCUP DRIVE		2.3 STREET ADDRESS	HAYES, JANET 844 BUTTERCUP DRIVE					
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND FL. 33801					
TITLE	ST .	DELETE	3.1 TITLE		Change	Addition			
NAME	ELLIS, BEVERLY		3.2 NAME			Į.			
STREET ADDRESS	871 BUTTERCUP DR.		9.3 STREET ADDRESS						
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-ST-ZIP						
TITLE	D	DELETE	4.1 TITLE		☐ Change	Addition			
NAME	HAYES, GREGORY		4. 2 NAME						
STREET ADDRESS	844 BUTTERCUP DRIVE		4.3 STREET ADDRESS			Į.			
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE		Change	Addition			
NAME	HOPKINS, PAUL		5.2 NAME						
STREET ADDRESS	2221 BUTTERCUP COURT		6.3 STREET ADDRESS						
CATY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP						
TITLE	D	DELETE	6.1 TITLE	D .	Change	Addition			
NAME	MONACO, ROBERT		6.2 NAME	FELLOWS, MARVIN 991 BUMBROUP DRIVE					
STREET ADDRESS	853 BUTTERCUP DRIVE		6.3 STREET ADDRESS	941 BUMBROUP DRIVE					
CITY - ST - ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND, FLA.					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STERRIVELUS

4/27/98

(941) 666-3998

FILED

May 08 1998 8:00am

Secretary of State

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