## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0300006243  1. Entity Name HONEYSUCKLE HILL OWNERS ASSOCIATION, INC.					08 SEP 19 PH 4: 19			
Principal Place 2139 PINE T MIDDLEBURG	ree LN	Mailing Address P O BOX 1827 MIDDLEBURG, FL 32068	O BOX 1827		CRLTARY OF STATE ALLAHASSEE, FLORIDA			
2. Principal Place of Business - No P.O. Box #  3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			09162008 Chg-NP CR2E037 (12/06)			
City & State		City & State			4. FEI Number Applied For 54-2117642 Not Applicable			
Zip	Country	Zip	Coun	itry	5. Certificate of Sta	itus Desired 🔲	\$8.75 Add	fitional
	6. Name and Address of Current I	Registered Agent			7. Name and Addr	ess of New Registere	<del></del>	
HUCKS, JOHN A SR 2139 PINE TREE LN MIDDLEBURG, FL 32068				Name AUDLEY STEPHENS - Street Address (P.O. Box Number is Not Acceptable)				
				City Mid!	PINE TRE MEBURA	. F		068
the obligati	named entity submits this statement for one of registered agent.  Signature, typed or prighed name of registered agent a	1	<u> </u>	d office or register		the State of Florida. I a		and accept
Filing Fee Is \$61.25  Due by September 12, 2008  9. Election Campaign F Trust Fund Contribut				~ —	\$5.00 May Be Added to Fees		eck payable to partment of St	
10.	OFFICERS AND DIR	·····	11.			S TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	HUCKS, JOHN A 2139 PINE TREE LN MIDDLEBURG, FL 32068	Delete	TITLE NAME STREET CITY-S	ADDRESS 40	ESIDENT NY LUCIA 17 EVERET DOLEBURG	-NO TE AVE FL 32068	∏ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER. STEPHENS, AUDLEY 2143PINE TREE LN MIDDLEBURG, FL 32068	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 2/2	E PRESIDED AIG JUHI 17 PINE TRI	USON	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUCKS, VICTORIA 2139 PINE TREE LN MIDDLEBURG, FL 32068	X Delete	TITLE NAME STREET	SEC	RETARY		☐ Change	Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	800 09/19/0	013615: 80104400	Change 9 <b>118</b> 08 **61.	Addition
title name street address city-st-zip		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition
changed,	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	this filing does not qualify for true and accurate and that my wered to execute this report a atth all other like empowered.	the exem signatu s require	nptions contained re shall have the s ed by Chapter 617		_		formation or director Block 11 if
SIGNAT	URE: SIGNATURE OND TYPED OR P	TINTED NAME OF BIGNING OFFICER OF	SU/	<u>eer</u>		9. 16.08	29 Daytime Phone #	11-6414