

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06799

FILED
Apr 02, 2009
Secretary of State

Entity Name: HONEYWOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1941 NW 150 AVE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

1941 NW 150 AVE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 59-2469160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: VPD () Delete
Name: HARTFORD, FRED
Address: 1421 SW 85 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PD () Delete
Name: CARD, STEPHEN
Address: 1120 S.W. 87TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: SINGH, AJIT
Address: 1000 SW 87 TERR
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TS () Delete
Name: CONSTABLE, PATRICIA
Address: 1210 SW 85 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: WALTERS, ARCHIBOLD
Address: 8630 S.W. 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: COVERLY, RICHARD
Address: 1031 SW 85 AVE
City-St-Zip: HOLLYWOOD, FL 33025

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 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: STEPHEN CARD

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date