

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90080 008 ****70.00

DOCUMENT # N10613

1. Entity Name

HONEY LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~13521 SW 9TH COURT~~
DAVIE FL 33325
US

PO BOX 551492
DAVIE FL 33355

2. Principal Place of Business

13430 SW 9 PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

4. FEI Number

65-0116328

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

~~MYNATT, GENE
13521 SW 9TH COURT
DAVIE FL 33325~~

DELETE

7. Name and Address of New Registered Agent

Name CAMILLE DINALLY

Street Address (P.O. Box Number is Not Acceptable)

13430 SW 9 PLACE

City

DAVIE

FL

Zip Code

33325

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Camille Dinally

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MYNATT, GENE	
STREET ADDRESS	13521 SW 9TH COURT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUBE, SAM	
STREET ADDRESS	1031 SW 135TH WAY	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUAREZ, JOE	
STREET ADDRESS	1030 SW 134TH AVE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPMAN-WEDDINGTON, DONNA	
STREET ADDRESS	13550 SW 9TH CT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEECH, HOWARD	
STREET ADDRESS	13551 SW 9TH CT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMILLE DINALLY	
STREET ADDRESS	13430 SW 9 PLACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	ND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY BRABBLE	
STREET ADDRESS	13421 SW 9 PLACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL REGVERIO	
STREET ADDRESS	13440 SW 9 PLACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	DI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH FLETCHER	
STREET ADDRESS	950 SW 134 AVE	
CITY-ST-ZIP	DAVIE FL 33325	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Weddington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-473-1699