


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90210 011 ****70.00

DOCUMENT # N10613 1. Entity Name HONEY LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13430 SW 9 PL DAVIE, FL 33325 US			Mailing Address PO BOX 551492 DAVIE, FL 33355		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0116328	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DINALLY, CAMILLE 13430 SW 9 PL DAVIE, FL 33325				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Camille Dinally</i></u> <u>President</u> <u>04-21-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINALLY, CAMILLE		NAME		
STREET ADDRESS	13430 SW 9 PL		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRABBLE, NANCY		NAME	St Reguerio, Cheryl	
STREET ADDRESS	13421 SW 9 PL		STREET ADDRESS	13440 SW 9th PL	
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN-WEDDINGTON, DONNA		NAME	Treasurer Madelaine Axler	
STREET ADDRESS	13550 SW 9TH CT		STREET ADDRESS	13510 SW 9th PL	
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REGUERIO, CHERYL		NAME	Director Jean Fune	
STREET ADDRESS	13440 SW 9 PL		STREET ADDRESS	13431 SW 9th PL	
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP	DAVIE, FL 33325	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLETCHER, RUTH		NAME		
STREET ADDRESS	950 SW 134 AVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Camille Dinally</i></u> <u>Camille Dinally</u> <u>04-21-06</u> <u>954-370-7512</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					