

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90016 035 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0116328

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



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

FL

Zip Code

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

President

04-18-08

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

(NOTE: Registered Agent signature is not required when resigning.)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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 type="checkbox"/> Delete |
| NAME | DINALLY, CAMILLE | |
| STREET ADDRESS | 13430 SW 9 PL | |
| CITY-ST-ZIP | DAVIE FL 33325 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | REGUERIO, CHERYL | |
| STREET ADDRESS | 13440 SW 9TH PL | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33325 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | AXLER, MADELAINE | |
| STREET ADDRESS | 13510 SW 9TH PL | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33325 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FUNE, JEAN | |
| STREET ADDRESS | 13431 SW 9TH PL | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33325 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AYALA, ADAM | |
| STREET ADDRESS | 13501 SW 9TH PL | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michelle Mitchell | |
| STREET ADDRESS | 13540 SW 10th Pl | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Camille Dinally

President

04-18-08

954-370-7512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR