2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34207

FILED Jun 29, 2009 Secretary of State

Entity Name: HONEYBROOK PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 410754 2290 SHADY OAK RD

MELBOURNE, FL 329410754 MELBOURNE, FL 329357214

Current Mailing Address: New Mailing Address:

P O BOX 410754

MELBOURNE, FL 329410754

FEI Number: 59-2997276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STINNETTE, ELLIS DAVIS, RICK

2340 HICKORY CREEK ROAD

MELBOURNE, FL 32935 US

2290 SHADY OAK ROAD

MELBOURNE, FL 32935 US

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: RICK DAVIS 06/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tte: VD () Delete Title: VD (X) Change () Addition

 Name:
 KOLODY, MARK
 Name:
 CAMERON, THOMAS

 Address:
 2390 OAK CREEK CIR.
 Address:
 2355 HIGH RIDGE ROAD

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

Title: TD () Delete Title: TD (X) Change () Addition Name: DONAHUE, SHEILA Name: NATWICK, JASON

Address: 2375 SHADY OAK RD Address: 2235 HICKORY DRIVE
City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete Title: () Change () Addition

 Name:
 DEPETRIS, THOMAS
 Name:

 Address:
 2290 HICKORY CREEK RD.
 Address:

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 STINNETTE, ELLIS
 Name:
 DAVIS, RICK

 Address:
 2340 HICKORY CREEK RD
 Address:
 2290 SHADY OAK RD

 City-St-Zip:
 MELBOURNE, FL 32935
 City-St-Zip:
 MELBOURNE, FL 32935

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: RICK DAVIS PD 06/29/2009