


FILED
May 01, 2008 8:00 am
Secretary of State

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DOCUMENT # N39906						05-01-2008 90213 021 ****61.25	
1. Entity Name HONEYTREE PLACE HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 1100 LOWRY AVE. #42 LAKELAND, FL 33801 US			Mailing Address 1100 LOWRY AVE. #42 LAKELAND, FL 33801 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			02182008 Chg-NP CR2E037 (12/06)	
Zip		Country	Zip		Country	4. FEI Number 59-3036444	
						Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DUNAWAY, SUE D 1100 LOWRY AVE. #42 LAKELAND, FL 33801				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DT SUE D DUNAWAY 1100 LOWRY AVE., #42 LAKELAND, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gene Griffin 1100 Lowry Ave #39 Lakeland, FL 33801		
					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NICHOLSON, JENNIFER 1100 LOWRY AVE #48 LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Colleen Martin 1100 Lowry Ave #57 Lakeland, FL 33801		
					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA DAVIS, CHRISTINA 1100 LOWRY AVE #67 LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DOLORES 1100 LOWRY AVE 13 LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUD, BILL 1100 LOWRY AVE #31 LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATLICK, MIKE 1100 LOWRY AVE 52 LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
					<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>Sue D. Dunaway</u> <u>Sue D. Dunaway</u> 4-26-08(863)646-1373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							