## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39906

FILED Apr 24, 2009 Secretary of State

Entity Name: HONEYTREE PLACE HOMEOWNERS ASSOCIATION, INC.

Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
1100 LOW	RY AVE.					
#42 LAKELAND	D, FL 33801	US				
Current Mailing Address:			New Maili	New Mailing Address:		
1100 LOW	RY AVE.					
#42 LAKELANE	D, FL 33801	US				
FEI Number:	59-3036444	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	current Registered Agent:	Name and	Address o	of New Registered Agent:	
DUNAWAY 1100 LOW #42 LAKELANE		JS				
The above			rpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUF	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DT () SUE D DUNAW 1100 LOWRY A LAKELAND, FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DS () NICHOLSON, JI 1100 LOWRY A LAKELAND, FL	VE #48	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () DAVIS, CHRIST 1100 LOWRY A LAKELAND, FL	NVE #67	Title: Name: Address: City-St-Zip:	DP BUCZEK, H 1100 LOWF LAKELAND	RY AVE #40	
Title: Name: Address: City-St-Zip:	P () GRIFFIN, GENE 1100 LOWRY A LAKELAND, FL	VENUE, #39	Title: Name: Address: City-St-Zip:		RY AVENUE, #39	
Title: Name: Address: City-St-Zip:	D () CLOUD, BILL 1100 LOWRY A LAKELAND, FL		Title: Name: Address: City-St-Zip:	D OGLE, HEA 1100 LOWF LAKELAND	RY AVE #7	
Fitle: Name: Address: City-St-Zip:	MARTIN, COLL	S AVENUE, SUITE #57	Title: Name: Address: City-St-Zip:	D KEEN, JULI 1100 LOWI LAKELAND	RY'S AVENUE, SUITE #1	

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: SUE D DUNAWAY DT 04/24/2009