

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # N46945 (4)

1. Corporation Name
HONEY HILL PARK TOWNHOMES ASSOCIATION, INC.

95 APR -4 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~2900 EAST HALLANDALE BEACH BLVD.
SUITE 500
HALLANDALE FL 33009~~ ~~2900 EAST HALLANDALE BEACH BLVD.
SUITE 500
HALLANDALE FL 33009~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/21/1992** 3a. Date of Last Report **05/10/1994**
4. FEI Number **65-0404717** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **910 S Ct.** 26 **910 S Ct.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2901 Simms St.** 27 **2901 Simms St.**
City & State City & State
23 **Hollywood** 28 **Hollywood**
Zip Country Zip Country
24 **33000** 25 **USA** 29 **33000** 30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FREEDMAN, SANFORD A.
11900 BISCAYNE BLVD.
SUITE 780
NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent
81 Name **Andrew McErowitz**
82 Street Address (P.O. Box Number is Not Acceptable) **910 S Ct.**
83 **2901 Simms St.**
84 City **Hollywood** FL 85 Zip Code **33000**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **ANDREW MCEROWITZ - D.C.I.** DATE **7/10/95**
Signature, typed or printed name of registered agent (see 4 applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE DPS	GORIN, MOISE 11098 BISCAYNE BLVD.#304 N. MIAMI BEACH FL
TITLE DVT	GORIN, IJAN 2500 E. HALLANDALE #604 HALLANDALE FL
TITLE DS	GOLDBERG, JOHN 2500 E. HALLANDALE BEACH BLVD. HALLANDALE FL
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE MD	MARCELLIN, Annette <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3383 NW 198 Terrace
1.3 STREET ADDRESS	CAROL CITY, FL 33056
1.4 CITY - ST - ZIP	
2.1 TITLE JD	COLE, OLIVER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3401 NW 198 Terrace
2.3 STREET ADDRESS	CAROL CITY, FL 33056
2.4 CITY - ST - ZIP	
3.1 TITLE SD	SANCHEZ, Veronica <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	19803 NW 34 Ave
3.3 STREET ADDRESS	CAROL CITY, FL 33056
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	WILLIS, RONALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS	3370 NW 198 Terr.
4.4 CITY - ST - ZIP	CAROL CITY, FL 33056
5.1 TITLE	
5.2 NAME	White, Phillip <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS	3383 NW 197 Terr
5.4 CITY - ST - ZIP	CAROL CITY, FL 33056.
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: **Annette Marcellin - President** DATE: _____ DAYTON # _____
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR