

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N46945 (4)**  
1. Corporation Name  
**HONEY HILL PARK TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
C/O D.C.I. 2901 SIMMS ST. HOLLYWOOD FL 33020 US  
C/O D.C.I. 2901 SIMMS ROAD HOLLYWOOD FL 33020 US

3. Date Incorporated or Qualified **01/21/1992** 3a. Date of Last Report **04/04/1995**  
4. FEI Number **65-0404717** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**MEYROWITZ, ANDREW**  
C/O D.C.I.  
2901 SIMMS ST.  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARCELLIN, ANNETTE	
STREET ADDRESS	3383 NW 198 TERRACE	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLE, OLIVER	
STREET ADDRESS	3401 NW 198 TERRACE	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, VERONICA	
STREET ADDRESS	19803 NW 34 AVENUE	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIS, RONALD	
STREET ADDRESS	3370 NW 198 TERRACE	
CITY - ST - ZIP	CAROL CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, PHILLIP	
STREET ADDRESS	3383 NW 197 TERRACE	
CITY - ST - ZIP	CAROL CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<b>33056</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<b>33056</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<b>33056</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<b>33056</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>EDWARDS, Charles</b>
53 STREET ADDRESS	<b>3361 NW 198 Terrace</b>
54 CITY - ST - ZIP	<b>CAROL CITY, FL 33056</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald Willis* 2-7-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)