

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33020-1510 US

3. Date Incorporated or Qualified 01/21/1992
3a. Date of Last Report 02/14/1996

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELLIN, ANNETTE	1.2 NAME	
STREET ADDRESS	3383 NW 198 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, OLIVER	2.2 NAME	
STREET ADDRESS	3401 NW 198 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, VERONICA	3.2 NAME	
STREET ADDRESS	19803 NW 34 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, RONALD	4.2 NAME	
STREET ADDRESS	3370 NW 198 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, CHARLES	5.2 NAME	
STREET ADDRESS	3361 NW 198TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MOOREHEAD, BRIDGET
STREET ADDRESS		6.3 STREET ADDRESS	19819 NW 33 CT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CAROL CITY, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* RONALD WILLIS 1/8/97 954 922 3514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021418

CR2E037 (9/96)