## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

**SIGNATURE:** 

N46945

(4)

HONEY HILL PARK TOWNHOMES ASSOCIATION, INC.

## FILED Feb 16 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				1 SIBID SILIB IBILI BISBF DH	! BIBIO (FIBIO (FIBIO)   DIBIO (FI	(B) <b>4(B</b> () (B))
C/O D.C.I.		C/O D.C.I.			3. Date Incorpo	orated or Qualified		
2901 SIMMS ST.   HOLLYWOOD FL 33020		2901 SIMMS ROAD HOLLYWOOD FL 33020		01/21/1	1992			
US		US			4. FEI Number	4=4=		pplied For
2. Principal Place of Business		2e. Mailing Address		65-040	47.17		ot Applicable	
21		26			<ol><li>Certificate of</li></ol>	Status Desired		Additional lequired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Cam	paign Financing	\$5.00	
22		27		Trust Fund C		☐ Added to		
City & State		City & State		7. Is this nonprofit corporation a horneowners association?				
Zip Country		Zip Country		Yes No				
24	25	29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						ddress of New Regi		
				81 Name				
MEYROWITZ, ANDREW			8:	Street	Address (P.O. Box Number is Not Acceptable)			
C/O D.C.I.					•			
2901 SIMMS ST.			83	1				
HOLLYW	/OOD FL 33020			City			85 Zip	Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508. Florida Stati	ites the abov	/e-namec	corporation submits this	statement for the nu	FL Ironse of changing It	ts registered
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State of familiar with, and accept the oblig	of Florida, Such change was sations of Section 617,0503, F.	authorized b	y the cor	poration's board of direct	ors. I hereby accept	the appointment as	registered
SIGNATURE	and doodly. The oonig	amono or, occion o 17,0000, 1	ionad oldiole					
	Signature, typed or printed name of registered ag	ont and title if applicable (NC	TE Rogistered A	ent signatur	e required when reinstating)		DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CI	HANGES TO OFFICE	<del></del>	
TITLE	D AMPOCIATING AND SETTE	☐ DELETE	1.1 TITLE				L Change	Addition
NAME STREET ADDRESS	MARCELLIN, ANNETTE 3383 NW 198 TERRACE		1.2 NAME					
CITY-ST-ZIP	CAROL CITY FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
TITLE	VD	DELETE	2.1 TITLE	51-ZIP			☐ Change	Addition
NAME	SANCHEZ, VERONICA		2.2 NAME				Constitution of the consti	
STREET ADDRESS	19803 NW 34 AVENUE		2.3 STREET ADDRESS					
CITY-ST-ZIP	CAROL CITY FL		2. 4 CITY-ST-ZIP					
TITLE	PD	☐ DELETE	3.1 TITLE				Change	■ Addition
NAME	WILLIS, RONALD		3.2 NAME					
STREET ADDRESS	3370 NW 198 TERRACE			T ADDRESS				
CITY-ST-Z#P TITLE	CAROL CITY FL TD	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			Change	Addition
NAME	EDWARDS, CHARLES	□ beerie	4. 2 NAME		31 Done C	harles	Change	M VOORIDA
STREET ADDRESS	3361 NW 198TH TERRACE			T ADDRESS	EDWARDS, C	1981 Ter	race	
CITY-ST-ZIP	CAROL CITY FL		4.4 CITY-		carol cit	u ve		
TITLE	SO	DELETE	5.1 TITLE			44	Change	Addition
NAME	MOOREHEAD, BRIDGET	<i>~</i>	5.2 NAME					
STREET ADDRESS	19819 NW 33 CT		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	CAROL CITY FL		5.4 CITY-	ST-ZIP				
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the sam officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617 Block 12 or Block 13 if changed, or on an attachment with an address.