

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 46945

1. Entity Name
Honey Hill Park Townhomes Assoc. Inc

Principal Place of Business
3066 NW 199 St
Miami FL

Mailing Address
P.O. Box 552122
Miami FL 33056

FILED
01 NOV -8 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
3366 NW 199 St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 552122
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33056

Country
USA

Zip
33056

Country
USA

REINSTATEMENT

6. Name and Address of Current Registered Agent

Eduard Holodak, Esq.
2500 Hollywood Blvd #212
Hollywood, FL 33020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
300004704243-4

City
FL

Zip Code
12/04/01-01056-010
****175.00 ****175.00

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bailda Gastelbondo 3378 NW 197 Terrace Miami FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Laura McDonald 190 NW 34 Ave Miami FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Maureen Tulloch 19755 NW 33 Ct Miami FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ronald Willis 3370 NW 198 Terr Miami FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004704243-4 -12/04/01-01056-010 ****122.50 ****122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bailda Gastelbondo* Bailda Gastelbondo 305-622-9852

CR2E037 (5/01)