## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N46945

Address:

City-St-Zip:

Entity Name: HONEY HILL PARK TOWNHOMES ASSOCIATION, INC.

FILED May 03, 2002 8:00 AM Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 3366 N.W. 199 STREET MIAMI, FL 33056 US **Current Mailing Address: New Mailing Address:** P.O. BOX 552122 MIAMI, FL 33056 US FEI Number: 65-0404717 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLODAK, EDWARD ESQ. 2500 HOLLYWOOD BLVD., #212 HOLLYWOOD, FL 33020 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GASTELBONDO, BAILDA Name: Name: 3378 NW 197 TERR. Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition Name: MCDONALD, LAURA Name: Address: 198 N.W. 34TH AVENUE Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: () Change () Addition TULLOCH, MAUREEN Name: Name: 19755 NW 33 CT Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: WILLIS, RONALD Name: Address: 3370 N.W. 198 TERR. Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: SD ( ) Change (X) Addition WINFREY, GENEVA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

3347 NW 198 TERR

CAROL CITY, FL 33056

SIGNATURE: BAILDA GASTELBONDO PD 05/03/2002