2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

DOCUMENT # N46945 1. Entity Name HONEY HILL PARK TOWNHOMES ASSOCIATION, INC.						04-07-2006	5 90023 (039 ****6	51.25	
Principal Place of Business 3366 N.W. 199 STREET MIAMI, FL 33056 US Mailing Address C/O DCI 2035 HARDING ST., #200 HOLLYWOOD, FL 33020									1811 81811 61813 818	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03132006 c	Chg-NP	CR2E0	37 (11/05)	£
City & Stat	te	City & State	City & State			4. FEI Number 65-04047	17 .		<u> </u>	oplied For ot Applicable
Zip	. Country Zip		Çoı	Country		5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and Ad	dress of New I	Registered	Agent	
BBOUGH	OLIADDOM & LEVINE DA			Name					•	
1900 N. C	, CHADROW & LEVINE, P.A. OMMERCE PARKWAY , FL 33326			Street A	Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Cod	le
	named entity submits this statement fitions of registered agent.	or the purpose of changing it	s register	ed office or	r register	ed agent, or both, i	the State of F	lorida. I am	familiar with,	and accept
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SIGNATURE	Stgnature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signatu	ure required	when reinstating)		DATE		
SIGNATURE	Stgnature, typed or printed name of registered agen	<u> </u>							k payable t	
SIGNATURE		and title if applicable. (NO	ımpaign F	inancing		when reinstating) \$5:00 May Be Added to Fees		Make chec	k payable t	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DO	9. Election Ca Trust Fund	ımpaign F	inancing	· · · · ·	\$5:00 May Be	Flo	Make chec rida Depa	rtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

Daytime Phone #