


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 720298 (9)

1. Corporation Name  
THE HALFWAYTREE ASSOCIATION, INC.



Principal Place of Business % J&L PROPERTY MGMT. INC. 10191 WEST SAMPLE RD SUITE 205B CORAL SPRINGS FL 33065	Mailing Address % J&L PROPERTY MGMT. INC. 10191 WEST SAMPLE RD SUITE 205B CORAL SPRINGS FL 33065-3959
---	--

3. Date Incorporated or Qualified 02/22/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1381765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALDERAZZO, JAMES  
10191 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	TITLE	1.1 TITLE
NAME	1.2 NAME	NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP	CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE	TITLE	2.1 TITLE
NAME	2.2 NAME	NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE	TITLE	3.1 TITLE
NAME	3.2 NAME	NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE	TITLE	4.1 TITLE
NAME	4.2 NAME	NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE	TITLE	5.1 TITLE
NAME	5.2 NAME	NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE	TITLE	6.1 TITLE
NAME	6.2 NAME	NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP

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:

CR2E037 (9/96)