


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 720298 1. Corporation Name THE HALFWAYTREE ASSOCIATION, INC.		

Principal Place of Business C/O CONDO MANAGEMENT 9365 W. SAMPLE RD #203 CORAL SPRINGS, FL 33065		Mailing Address C/O CONDO MANAGEMENT 9365 W. SAMPLE RD #203 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 21 C/O CONDO MANAGEMENT Suite, Apt. #, etc. 22 9365 W. SAMPLE ROAD #203 City & State 23 CORAL SPRINGS, FL Zip 24 33065	2a. Mailing Address 26 C/O CONDO MANAGEMENT Suite, Apt. #, etc. 27 9365 W. SAMPLE ROAD #203 City & State 28 CORAL SPRINGS, FL Zip 29 33065	Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 2/22/1971	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name ANNE SAATHOFF		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	9365 W. SAMPLE ROAD #203		
				84	City CORAL SPRINGS	85	Zip Code FL 33065

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:  DATE: **3/24/98**

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	LAWTON, HELEN		
STREET ADDRESS				1.3 STREET ADDRESS	881 SW 74 TERR #201		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	HANDLER, PENNE		
STREET ADDRESS				2.3 STREET ADDRESS	881 SW 74 TERR #202		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	FISCHKEITA, DUTBIE		
STREET ADDRESS				3.3 STREET ADDRESS	861 SW 74 TERR #202		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	GRILLO, JAMES		
STREET ADDRESS				4.3 STREET ADDRESS	1864 ADVENTURE PL		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	LEATHERS, LILLIAN		
STREET ADDRESS				5.3 STREET ADDRESS	5598 WITNEY DR #304		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	800002484658	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	-04/10/98--01008--029		
STREET ADDRESS				6.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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:  DATE: **3/24/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)