

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90013 025 ****61.25

DOCUMENT # 720298

1. Entity Name
THE HALFWAYTREE ASSOCIATION, INC.



Principal Place of Business
**C/O CONDO MANAGEMENT
9365 W. SAMPLE ROAD #203
CORAL SPRINGS, FL 33065 US**

Mailing Address
**PO BOX 8506
CORAL SPRINGS, FL 33075 US**

40040101



01312007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1381765

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDO MANAGEMENT ALTERNATIVE, INC
9365 W SAMPLE ROAD
#203
CORAL SPRINGS, FL 33065**

Name
CONDO MANAGEMENT ALTERNATIVE, INC.

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRILLO, JAMES
PO BOX 8506
CORAL SPRINGS, FL 33075** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BALDANZA, NANCY
PO BOX 8506
CORAL SPRINGS, FL 33075** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WALSH, PHYLLIS
P.O. BOX 8506
CORAL SPRINGS, FL 33075** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ESCHER, CHERI
PO BOX 8506
CORAL SPRINGS, FL 33075** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Cheri Escher Cheri: L Escher

Date

Daytime Phone #

2-27-07 954-752-4796