

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31584 (8)
1. Corporation Name
HALF MOON BAY MASTER ASSOCIATION, INC.



Principal Place of Business: % MASTER ASSOCIATION, INC. 7070 HALF MOON CIRCLE HYPOLUXO FL 33462
Mailing Address: % MASTER ASSOCIATION, INC. 7070 HALF MOON CIRCLE HYPOLUXO FL 33462

3. Date Incorporated or Qualified: **04/07/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0086238**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **MCCURDY, WALTER 102 G2 HALF MOON CIRCLE HYPOLUXO FL 33462**
10. Name and Address of New Registered Agent: **81 Name: ROBERT RYAN 82 Street Address: 101 HALF MOON CR "B" 83 84 City: HYPOLUXO FL 85 Zip Code: 33462**

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: *Robert Ryan* (NOTE: Registered Agent signature required when reinstating) DATE: **3-7-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MCCURDY, WALTER STREET ADDRESS: 102 G-2 HALF MOON CIR CITY-ST-ZIP: HYPOLUXO FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: ROBERT RYAN 1.3 STREET ADDRESS: 101 HALF MOON CR "B" 1.4 CITY-ST-ZIP: HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MAIER, WILLIAM STREET ADDRESS: 7020 HALF MOON CIRCLE 412-1 CITY-ST-ZIP: HYPOLUXO FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VP 2.2 NAME: EUGENE IWASKO 2.3 STREET ADDRESS: 102 HALF MOON CR D1 2.4 CITY-ST-ZIP: HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: IWASKO, EUGENE STREET ADDRESS: 102 D-1 HALF MOON CIRCLE CITY-ST-ZIP: HYPOLUXO FL 33462	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SEC/TRES 3.2 NAME: PAULINE FALCIONE 3.3 STREET ADDRESS: 101 HALF MOON CR "E" 3.4 CITY-ST-ZIP: HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FLACIONE, PAULINE STREET ADDRESS: 101 HALFMOON CR #E CITY-ST-ZIP: HYPOLUXO FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: WALTER MCCURDY 4.3 STREET ADDRESS: 102 HALF MOON CR G2 4.4 CITY-ST-ZIP: HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: IWASKO, EUGENE STREET ADDRESS: 102 HALFMOON CR D1 CITY-ST-ZIP: HYPOLUXO FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: 700001740917 03/13/96-01026-006 ***\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: RYAN, ROBERT STREET ADDRESS: 101 HALFMOON CR #B CITY-ST-ZIP: HYPOLUXO FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert Ryan* Robert Ryan DATE: **2-15-96** Daytime Phone #

CR2E037 (12/95)

2/3/96