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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33462-5483
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/07/1989	3a. Date of Last Report 11/18/96
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4. FEI Number 65-0086238	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RYAN, ROBERT
101 HALF MOON CR B
HYPOLUXO FL 33462

10. Name and Address of New Registered Agent

81 Name
ROBERT MICALETTI
 82 Street Address (P.O. Box Number is Not Acceptable)
108 HALF MOON CR. - B-2
HYPOLUXO, FL. 33462
 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 C. Micaletti, Tr.* **ROBERT C. MICALETTI, TR.** **01/17/97**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, ROBERT 101 HALF MOON CR B HYPOLUXO FL 33462	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IWASKO, EUGENE 102 HALF MOON CR D1 HYPOLUXO FL 33462	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FALCIONE, PAULINE 101 HALF MOON CR E HYPOLUXO FL 33462	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGURDY, WALTER 102 HALF MOON CR G2 HYPOLUXO FL 33462	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD CARL ZARCONI 102-E3 HALF MOON CR. HYPOLUXO, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TR ROBERT MICALETTI 108-B2 HALF MOON CR. HYPOLUXO, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST DOMINIC AMOSCATO 104-B1 HALF MOON CR. HYPOLUXO, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIR. JOSEPH DeANDREA 110-B-2 HALF MOON CR. HYPOLUXO, FL. 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DIR. ROBERT STRAWSON 102-F-1 HALF MOON CR. HYPOLUXO, FL. 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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: *Robert Micaletti, Tr.* **ROBERT MICALETTI, TR.** **JANUARY 17, 1997** (5612) 547-6243

CR2E037 (9/96)