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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N31584**

1. Corporation Name

HALF MOON BAY MASTER ASSOCIATION, INC.

Principal Place of Business

7070 HALF MOON CIRCLE
 HYPOLUXO FL 33462

Mailing Address

7070 HALF MOON CIRCLE
 HYPOLUXO FL 33462



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/07/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0086238

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMINICK AMOSCATO
 104 B 1 HALF MOON CIRCLE
 B-2
 HYOLOXO FL 33462

81 Name

PATRICIA HEPFORD

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

7030 HALF MOON CIRCLE # 217

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 PATRICIA HEPFORD TD

Patricia Hepford

DATE 4/1/99

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

(NOTE: Registered Agent signature required when existing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME CARL ZARCONE
 STREET ADDRESS 102-E3 HALF MOON CR.
 CITY-ST-ZIP HYPOLUXO FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME DOROTHY A CRONIN
 STREET ADDRESS 7020 HALF MOON CIRCLE 508
 CITY-ST-ZIP HYPOLUXO FL 33462

2.1 TITLE Change Addition
 2.2 NAME Patricia Hepford
 2.3 STREET ADDRESS 7030 Half Moon Circle # 217
 2.4 CITY-ST-ZIP Hypoluxo, FL 33462

TITLE ST DELETE
 NAME DOMINIC AMOSCATO
 STREET ADDRESS 104-B1 HALF MOON CR.
 CITY-ST-ZIP HYPOLUXO FL

3.1 TITLE Change Addition
 3.2 NAME SD Albert J. Eisenberg
 3.3 STREET ADDRESS 107 Half Moon Circle # H1
 3.4 CITY-ST-ZIP Hypoluxo, FL 33462

TITLE D DELETE
 NAME JOSEPH DEANDREA
 STREET ADDRESS 110-B-2 HALF MOON CR.
 CITY-ST-ZIP HYPOLUXO FL

4.1 TITLE Change Addition
 4.2 NAME VD
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D DELETE
 NAME ROBERT STRAWSON
 STREET ADDRESS 102-F-1 HALF MOON CR.
 CITY-ST-ZIP HYPOLUXO FL

5.1 TITLE Change Addition
 5.2 NAME D Walter L. Kraus
 5.3 STREET ADDRESS 108 Half Moon Circle # B1
 5.4 CITY-ST-ZIP Hypoluxo, FL 33462

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: Albert J. Eisenberg 3/12/99 561-547-6243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)