

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 # **V-31584**

1. Corporation Name

HALF MOON BAY MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7070 HALF MOON CIRCLE
HYPOLUXO, FL. 33462**

96 NOV 25 AM 9:06

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

3. Date Incorporated or Qualified 04/07/1989	3a. Date of Last Report 03/12/96
4. FEI Number 65-0086238	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$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	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	29. Zip
Country	Country

9. Name and Address of Current Registered Agent

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 CIRCLE
83. City HYPOLUXO
84. State FL
85. Zip Code 33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 MICALETTI**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **11/18/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	XX DELETE	1.1 TITLE PRESIDENT	☒ Change ☐ Addition
NAME ROBERT RYAN		1.2 NAME CARL ZARCON	
STREET ADDRESS 101 HALF MOON CIRCLE		1.3 STREET ADDRESS 102-E3 HALF MOON CR.	
CITY-ST-ZIP HYPOLUXO, FL. 33462		1.4 CITY-ST-ZIP HYPOLUXO, FL. 33462	
TITLE VICE PRESIDENT	XX DELETE	2.1 TITLE TRES.	☒ Change ☐ Addition
NAME EUGENE IWASKO		2.2 NAME ROBERT MICALETTI	
STREET ADDRESS 102 HALF MOON CR. D1		2.3 STREET ADDRESS 108 HALF MOON CR. B2	
CITY-ST-ZIP HYPOLUXO, FL. 33462		2.4 CITY-ST-ZIP HYPOLUXO, FL. 33462	
TITLE PAULINE FALCONE ST	XX DELETE	3.1 TITLE SECRETARY	☒ Change ☐ Addition
NAME PAULINE FALCONE ST		3.2 NAME DOMINIC AMOSCATO	
STREET ADDRESS 101 HALF MOON CR.		3.3 STREET ADDRESS 104 B1 half moon circle	
CITY-ST-ZIP HYPOLUXO, FL. 33462		3.4 CITY-ST-ZIP HYPOLUXO, FL. 33462	
TITLE	☐ DELETE	4.1 TITLE DIR.	☐ Change ☒ Addition
NAME		4.2 NAME JOSPH De ANDREA	
STREET ADDRESS		4.3 STREET ADDRESS 110-B2 HALF MOON CIRCLE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP HYPOLUXO, FL. 33462	
TITLE	☐ DELETE	5.1 TITLE DIR.	☐ Change ☒ Addition
NAME		5.2 NAME ROBERT STRAWSON	
STREET ADDRESS		5.3 STREET ADDRESS 102 F-1 HALF MOON CR.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP HYPOLUXO, FL. 33462	
TITLE	☐ DELETE	6.1 TITLE 000002019230	☐ Change ☒ Addition
NAME		6.2 NAME -12/04/96--01045--007	
STREET ADDRESS		6.3 STREET ADDRESS *****61.25 *****61.25	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MICALETTI, TRES 11/18/96

DATE (Print)

561-547-6243