

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 # **N31582** (2)

1. Corporation Name

HALF MOON BAY BY K. HOVNANIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**7070 HALF MOON CIRCLE
HYPOLUXO FL 33462**

Mailing Address

**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
65-0137011

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 Country

28 Zip Country

24

9. Name and Address of Current Registered Agent

**STRAWSON, ROBERT
102 F-1 HALF MOON CIRCLE
HYPOLUXO FL 33462**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

R.J. Strawson

R.J. STRAWSON PRESIDENT

2/16/96

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **ZARCONI, CARL**
STREET ADDRESS **102 E3 HALF MOON CIR**
CITY-ST-ZIP **HYPOLUXO FL**

TITLE **VD** ☐ DELETE
NAME **LEUPP, ROBERT**
STREET ADDRESS **108 F3 HALF MOON CIRCLE**
CITY-ST-ZIP **HYPOLUXO FL**

TITLE **SD** ☐ DELETE
NAME **AMOSCATO, DOMINICK**
STREET ADDRESS **104 B-1 HALF MOON CIRCLE**
CITY-ST-ZIP **HYPOLUXO FL**

TITLE **D** ☐ DELETE
NAME **DE ANDREA, JOSEPH**
STREET ADDRESS **110 B2 HALF MOON CIRCLE**
CITY-ST-ZIP **HYPOLUXO FL**

TITLE **P** ☐ DELETE
NAME **STRAWSON, ROBERT**
STREET ADDRESS **102 F1 HALF MOON CIRCLE**
CITY-ST-ZIP **HYPOLUXO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

R.J. Strawson

R.J. STRAWSON

FEB 19-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-584-0945

CR2E037 (12/95)