

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCURDY, WALTER  
102 G2 HALF MOON CIRCLE  
HYPOLUXO FL 33462

81 Name

ROBERT RYAN

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

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)

3-7-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCURDY, WALTER	
STREET ADDRESS	102 G-2 HALF MOON CIR	
CITY - ST - ZIP	HYPOLUXO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MAIER, WILLIAM	
STREET ADDRESS	7020 HALF MOON CIRCLE 412-1	
CITY - ST - ZIP	HYPOLUXO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IWASKO, EUGENE	
STREET ADDRESS	102 D-1 HALF MOON CIRCLE	
CITY - ST - ZIP	HYPOLUXO FL 33462	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLACIONE, PAULINE	
STREET ADDRESS	101 HALFMoon CR #E	
CITY - ST - ZIP	HYPOLUXO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	IWASKO, EUGENE	
STREET ADDRESS	102 HALFMoon CR D1	
CITY - ST - ZIP	HYPOLUXO FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, ROBERT	
STREET ADDRESS	101 HALFMoon CR #B	
CITY - ST - ZIP	HYPOLUXO FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT RYAN	
1.3 STREET ADDRESS	101 HALF MOON CR "B"	
1.4 CITY - ST - ZIP	HYPOLUXO, FL 33462	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EUGENE IWASKO	
2.3 STREET ADDRESS	102 HALF MOON CR D1	
2.4 CITY - ST - ZIP	HYPOLUXO, FL 33462	
3.1 TITLE	SEC/TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAULINE FALCIONE	
3.3 STREET ADDRESS	101 HALF MOON CR "E"	
3.4 CITY - ST - ZIP	HYPOLUXO, FL 33462	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALTER MCCURDY	
4.3 STREET ADDRESS	102 HALF MOON CR G2	
4.4 CITY - ST - ZIP	HYPOLUXO, FL 33462	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

700001740917

03/13/96-01026-006

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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

2-15-96

Date

Daytime Phone #

CR2E037 (12/95)

Q 3/12/96