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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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/07/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARL ZARCONI  
STREET ADDRESS 102-E3 HALF MOON CR.  
CITY-ST-ZIP HYPOLOXO FL

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
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