

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90087 013 ****61.25

DOCUMENT # N31584

1. Entity Name

HALF MOON BAY MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7070 HALF MOON CIRCLE
HYPOLUXO FL 334627070 HALF MOON CIRCLE
HYPOLUXO FL 33462-5483

A0000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0086238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEDFORD, PATRICIA
7030 HALF MOON CIRCLE #217
B-2
HYPOLOXO FL 33462

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME CARL ZARCONI
STREET ADDRESS 102-E3 HALF MOON CR.
CITY-ST-ZIP HYPOLUXO FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☒ Delete
NAME HEDFORD, PATRICIA
STREET ADDRESS 7030 HALF MOON CIRCLE #217
CITY-ST-ZIP HYPOLUXO FL 33462TITLE T/D ☐ Change ☒ Addition
NAME Sceppe, John J.
STREET ADDRESS 1081 Half Moon Circle #F1
CITY-ST-ZIP Hypoluxo, FL 33462TITLE SD ☐ Delete
NAME EISENBERG, ALBERT J
STREET ADDRESS 107 HALF MOON CIRCLE #H1
CITY-ST-ZIP HYPOLUXO FL 33462TITLE V/S/D ☒ Change ☐ Addition
NAME Eisenberg, Albert J.
STREET ADDRESS 107 Half Moon Circle #H1
CITY-ST-ZIP Hypoluxo, FL 33462TITLE VD ☒ Delete
NAME JOSEPH DEANDREA
STREET ADDRESS 110-B2 HALF MOON CR.
CITY-ST-ZIP HYPOLUXO FLTITLE V/D ☐ Change ☒ Addition
NAME Anita Lake
STREET ADDRESS 7030 Half Moon Circle #419
CITY-ST-ZIP Hypoluxo, FL 33462TITLE D ☐ Delete
NAME KRAUS, WALTER
STREET ADDRESS 108 HALF MOON CIRCLE #B1
CITY-ST-ZIP HYPOLUXO FL 33462TITLE P/D ☒ Change ☐ Addition
NAME kraus, Walter L.
STREET ADDRESS 108 Half Moon Circle #B1
CITY-ST-ZIP Hypoluxo, FL 33462TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert J. Eisenberg Albert J. Eisenberg, secy. 4/24/00 561-585-9485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)