

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90253 035 ****61.25

DOCUMENT # N31584

1. Entity 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

A0018165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HYPOLUXO FLA

3. Mailing Address

7070 - HALF MOON CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HYPOLUXO FLA

City & State

HYPOLUXO FL

4. FEI Number

65-0086238

Applied For

Not Applicable

Zip 33462 Country PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name AL EISENBERG
 Street Address (P.O. Box Number is Not Acceptable) 107 - HALF MOON CIRCLE
 APT H-1
 City HYPOLUXO, FL FL Zip Code 33462

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

ALBERT EISENBERG

1-17-01
 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCEPPA, JOHN J	
STREET ADDRESS	108 HALF MOON CIRCLE #F1	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAKE, ANITA	
STREET ADDRESS	7030 HALF MOON CIRCLE 419	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EISENBERG, ALBERT J	
STREET ADDRESS	107 HALF MOON CIRCLE H1	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KRAUS, WALTER L	
STREET ADDRESS	108 HALF MOON CIRCLE B1	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAUS, WALTER	
STREET ADDRESS	108 HALF MOON CIRCLE #B1	
CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SCEPPA *JOHN J. SCEPPA* 1/17/01 547 2748
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)