

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720298

**Entity Name:** THE HALFWAYTREE ASSOCIATION, INC.

**Current Principal Place of Business:**

9365 W SAMPLE RD  
#203  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

PO BOX 8506  
CORAL SPRINGS, FL 33075 US

**FEI Number:** 59-1381765

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONDO MANAGEMENT ALTERNATIVE, INC.  
9365 W SAMPLE RD  
#203  
CORAL SPRINGS, FL 33065 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	SD	Title	PTD
Name	LOZANO, MICHELLE	Name	ESCHER, CHERI
Address	9365 W SAMPLE RD #203	Address	9365 W SAMPLE RD #203
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHERI ESCHER

PTD

06/23/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date