2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90168 014 ****61.25

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1. Entity Name
HALF MILE LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
944 NW SPRUCE RIDGE DRIVE STUART, FL 34994-6550	944 NW SPRUCE RIDGE DRIVE STUART, FL 34994-6550

04192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
944 NW SPRUCE RIDGE DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State
Zip: 34994-9549 Country: MARTIN	Zip Country

4. FEI Number 59-1576825 ☐ Applied For ☐ Not Applicable

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
CARROLL, JOSHUA 964 NW SPRUCE RIDGE DR, D-2 STUART, FL 34994	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROW, KAREN J 934 NW SPRUCE RIDGE DR., A-1 STUART, FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RICHARD J. PATTEN 954 NW SPRUCE RIDGE DR. C-2 STUART, FL. 34994-9549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RUSTLE, CARIG 964 NE SPRUCE RIDGE #D4 STUART, FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D BRIAN PAYNE 944 NW SPRUCE RIDGE DR. B-4 STUART, FL. 34994-9549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREKER, JOHN C 954 NW SPRUCE RIDGE DR., C-7 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARMELA DE BAUN 954 NW SPRUCE RIDGE DR. C-1 STUART, FL 34994-9549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYHOOD, ROY 934 NE SPRUCE RIDGE #A-4 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIP MAKEM 944 NW SPRUCE RIDGE DR A-5 STUART, FL 34994-9549	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PHIPPS, JUDITH 934 NE SPRUCE DR, # A-2 STUART, FL 34994	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D JOSHUA CARROLL 964 NW SPRUCE RIDGE DR D-2 STUART, FL 34994-9549	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard J. Patten 4/19/07 772-692-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #