

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 744485

1. Entity Name
HALF MOON LAKE ASSOCIATION, INC.



Principal Place of Business
**2640 HALF MOON WALK
NAPLES, FL 34102**

Mailing Address
**2640 HALF MOON WALK
NAPLES, FL 34102**



01052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
57-8682829

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBRE, HAROLD J ESQ.
GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMiami TRAIL NORTH, STE 300
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

3. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000406915
02/07/06-80110-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EGERTON, STUART
2640 HALF MOON WALK
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
COWAN, JOHN
375 KINGSTOWN DRIVE
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WEISER, JANICE
2610 HALF MOON WALK
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Stuart Egerton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06

Date

239-261-4860

Daytime Phone #