



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90004 045 ****70.00

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-8682829	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD EGERTON, STUART <input type="checkbox"/> Delete 2640 HALF MOON WALK NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EGERTON, STUART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2640 HALF MOON WALK NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COWAN, JOHN <input type="checkbox"/> Delete 375 KINGSTOWN DRIVE NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EGERTON, ELEANOR <input checked="" type="checkbox"/> Delete 2640 HALF MOON WALK NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUR, EDWARD T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 305 KINGSTOWN DRIVE NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISER, JANIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2610 HALF MOON WALK NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			STUART EGERTON		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 2/13/08 <small>Daytime Phone #</small> 239-261-4860		