

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744485

FILED
Jun 25, 2009
Secretary of State

Entity Name: HALF MOON LAKE ASSOCIATION, INC.

Current Principal Place of Business:

2640 HALF MOON WALK
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

2640 HALF MOON WALK
NAPLES, FL 34102

New Mailing Address:

FEI Number: 57-8682829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: EGERTON, STUART
Address: 2640 HALF MOON WALK
City-St-Zip: NAPLES, FL 34102

Title: VD () Delete
Name: COWAN, JOHN
Address: 375 KINGSTOWN DRIVE
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: BAUR, EDWARD T
Address: 305 KINGSTOWN DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: WEISER, JANIS
Address: 2610 HALF MOON WALK
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HUSSEY, JENNIFER
Address: 100 CAPTAIN'S PLACE
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WEISER, JANIS
Address: 2610 HALF MOON WALK
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STUART EGERTON

STD

06/25/2009

Electronic Signature of Signing Officer or Director

Date