

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90026 008 ****61.25

DOCUMENT # 754075

1. Entity Name

HALF MOON BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

904 SE 5TH AVE
DELRAY BEACH FL 33483

Mailing Address

904 SE 5TH AVE
DELRAY BEACH FL 33483

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2141027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAGHER, JOSEPH M
904 SE 5TH AVE
DELRAY BEACH FL 33483

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE PD
NAME RONEY, RICHARD ☐ Delete
STREET ADDRESS 7020 HALF MOON CIRCLE #103
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE VPD
NAME WARD, BILL ☐ Delete
STREET ADDRESS 7020 HALF MOON CIRCLE #402
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE TD
NAME FISHMAN, SYDNEY ☐ Delete
STREET ADDRESS 7020 HALF MOON CIRCLE #111
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE SD
NAME ALBERTS, HOLGER ☐ Delete
STREET ADDRESS 7020 HALF MOON CIRCLE #205
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE ATD
NAME ROSS, NANCY ☐ Delete
STREET ADDRESS 7030 HALF MOON CIR #137
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Treasurer Sydney Fishman Sydney Fishman*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Roney

April 24, 2008