


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90310 018 \*\*\*\*61.25

<b>DOCUMENT # 759743</b> 1. Entity Name <b>HALYARD CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5050 MARIANNE KEY RD. PUNTA GORDA, FL 33955</b>			Mailing Address <b>5050 MARIANNE KEY RD. PUNTA GORDA, FL 33955</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>23081 Harborview Rd.</b> Suite, Apt. #, etc. <b>2ND Floor</b> City & State <b>Port Charlotte FL</b> Zip                      Country <b>33980                      USA</b>			
4. FEI Number <b>59-2247234</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITE, ALAN 15510 BURNT STORE ROAD PUNTA GORDA, FL 33955</b>			7. Name and Address of New Registered Agent Name <b>Wishard, Kristine</b> Street Address (P.O. Box Number is Not Acceptable) <b>23081 Harborview Rd.</b> <b>2ND Floor</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33980</b>		
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 <u><i>Kristine Wishard</i></u> <u>4/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAES, DON 5050 MARIANNE KEY ROAD #4A PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSP TEFERTILLAR, JOAN 5050 MARIANNE KEY RD #4-A PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, DAVID 5050 MARIANNE KEY RD. #48 PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u><i>Kristine Wishard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/6/05</u> <small>Date</small>		<u>941-629-8190</u> <small>Daytime Phone #</small>

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