2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# 759743

Entity Name: HALYARD CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5050 MARIANNE KEY RD.
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

1532 RIO DE JANEIRO AVENUE
PUNTA GORDA, FL 33983

New Mailing Address:

PO BOX 380758
MURDOCK, FL 33938

FEI Number: 59-2247234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVENUE
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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: TD ( ) Delete
Name: VAN WAES, DON
Address: 5050 MARIANNE KEY RD #4B
City-St-Zip: PUNTA GORDA, FL 33955

Title: PD ( ) Delete
Name: TEFERTILLAR, JOAN
Address: 5050 MARIANNE KEY RD #4-A
City-St-Zip: PUNTA GORDA, FL 33955

Title: VPD ( ) Delete
Name: MCLAGEN, JAMES
Address: 5050 MARIANNE KEY RD #1B
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: VAN WAES, DON
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: PD (X) Change ( ) Addition
Name: TEFERTILLAR, JOAN
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change ( ) Addition
Name: MCLAGEN, JAMES
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

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: JOAN TEFERTILLAR PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date