

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003427

FILED
Apr 20, 2009
Secretary of State

Entity Name: HALFMOON LAKE BOTTOM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

284 SWAN LAKE ROAD
MELROSE, FL 32656 US

New Principal Place of Business:

284 SWAN LAKE DRIVE
MELROSE, FL 32656 US

Current Mailing Address:

284 SWAN LAKE ROAD
MELROSE, FL 32656 US

New Mailing Address:

284 SWAN LAKE DRIVE
MELROSE, FL 32656 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS, FL 32656 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: P,S () Delete
Name: ALVAREZ, OSCAR W
Address: 284 SWAN LAKE ROAD
City-St-Zip: MELROSE, FL 32656 US

Title: VP,T () Delete
Name: ALVAREZ, LINDA M
Address: 284 SWAN LAKE ROAD
City-St-Zip: MELROSE, FL 32656 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: ALVAREZ, OSCAR W
Address: 284 SWAN LAKE ROAD
City-St-Zip: MELROSE, FL 32666 US

Title: VP (X) Change () Addition
Name: ALVAREZ, LINDA M
Address: 284 SWAN LAKE ROAD
City-St-Zip: MELROSE, FL 32666 US

Title: T () Change (X) Addition
Name: ROBBERT, ELAINE A
Address: 284 SWAN LAKE ROAD
City-St-Zip: MELROSE, FL 32666 UA

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: OSCAR ALVAREZ

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date