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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N-31584

1. Corporation Name

HALF MOON BAY MASTER ASSOCIATION, INC.

Principal Place of Business / Mailing Address

7070 HALF MOON CIRCLE
HYPOLUXO, FL. 33462

3. Date Incorporated or Qualified: 04/07/1989
3a. Date of Last Report: 03/12/96

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 65-0086238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: ROBERT MICALETTI
82 Street Address (P.O. Box Number is Not Acceptable): 108 HALF MOON CIRCLE
83 City: HYPOLUXO
84 City: HYPOLUXO FL 85 Zip Code: 33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Robert Micaletti — 11/18/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBERT RYAN 101 HALF MOON CIRCLE HYPOLUXO, FL. 33462	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT CARL ZARCONE 102-E3 HALF MOON CR. HYPOLUXO, FL. 33462 — X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT EUGENE IWASKO 102 HALF MOON CR. D1 HYPOLUXO, FL. 33462	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TRES. ROBERT MICALETTI 108 HALF MOON CR B2 HYPOLUXO, FL. 33462 — X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAULINE FALCONE ST 101 HALF MOON CR. HYPOLUXO, FL. 33462	XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY DOMINIC AMOSCATO 104 B1 half moon circle HYPOLUXO, FL. 33462 — X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIR. JOSPH De ANDREA 110-B2 HALF MOON CIRCLE HYPOLUXO, FL. 33462 — ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIR. ROBERT STRAWSON 102 F-1 HALF MOON CR. HYPOLUXO, FL. 33462 — ☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000002019350-3 -12/04/96--01045--007 *****61.25 *****61.25 — ☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ROBERT MICALETTI, TRES 11/18/96 — 11-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Daytime Phone #

561-547-6243