FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
MAY 5

9:15

TALLAHASSEE, FLORIDA

DOCUMENT # **N31584** **(8)**

1. Corporate Name

HALF MOON BAY MASTER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% MASTER ASSOCIATION, INC 7070 HALF MOON CIRCLE HYPOLUXO FL 33462	% MASTER ASSOCIATION, INC 7070 HALF MOON CIRCLE HYPOLUXO FL 33462

3. Date Incorporated or Qualified: **04/07/1989**

3a. Date of Last Report: **01/21/1994**

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

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite Apt # etc. (22)	Suite Apt # etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCURDY, WALTER 102 G2 HALF MOON CIRCLE HYPOLUXO FL 33462	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE (Registered Agent - typed or printed name of Registered Agent and title if agent is a corporation) (If Registered Agent is a corporation, signature of an officer) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCCURDY, WALTER	12 NAME	
STREET ADDRESS	102 G-2 HALF MOON CIR	13 STREET ADDRESS	
CITY ST ZIP	HYPOLUXO FL	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	MAIER, WILLIAM	22 NAME	
STREET ADDRESS	7020 HALF MOON CIRCLE 412-1	23 STREET ADDRESS	
CITY ST ZIP	HYPOLUXO FL 33462	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	IWASKO, EUGENE	32 NAME	
STREET ADDRESS	102 D-1 HALF MOON CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	HYPOLUXO FL 33462	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	Pauline Falcione	42 NAME	
STREET ADDRESS	101 Half moon Cir #E	43 STREET ADDRESS	
CITY ST ZIP	Hypoluxo, Fl 33	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	Eugene Iwasko	52 NAME	
STREET ADDRESS	102 Half moon Cir D1	53 STREET ADDRESS	
CITY ST ZIP	Hypoluxo, Fl 33462	54 CITY ST ZIP	
TITLE	D V P	61 TITLE	☐ Change ☐ Addition
NAME	Robert Ryan	62 NAME	
STREET ADDRESS	101 Half moon Cir #B	63 STREET ADDRESS	
CITY ST ZIP	Hypoluxo, Fl 33462	64 CITY ST ZIP	

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)(i), 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: Walter R. McCurdy 5/1/95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
WALTER R. McCurdy - President

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