

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000001896**

1. Entity Name  
**HALF MOON LAKE PUMP FUND ASSOCIATION, INC.**



Principal Place of Business  
**15712 WILLOWDALE RD.  
TAMPA, FL 33625**

Mailing Address  
**15712 WILLOWDALE RD.  
TAMPA, FL 33625**

**DO NOT WRITE IN THIS SPACE**



04242005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For
Not Applicable

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

**5. Name and Address of Current Registered Agent**

**HUTCHINSON, CRAIG B  
15912 WILLOWDALE ROAD  
TAMPA, FL 33625**

**DO NOT WRITE  
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HUTCHINSON, CRAIG B
STREET ADDRESS	15912 WILLOWDALE ROAD
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	COWART, DAVID JR.
STREET ADDRESS	5509 RAWLS ROAD
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	D
NAME	NEWBY, JOANNE
STREET ADDRESS	15906 WILLOWDALE RD.
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**

*Craig B. Hutchinson* **CRAIG B. HUTCHINSON**

**4/24/05**

**813-960-3769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #