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 AND FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759743 (8)

1. Corporation Name

HALYARD CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5050 MARIANNE KEY RD. PUNTA GORDA FL 33955	5050 MARIANNE KEY RD. PUNTA GORDA FL 33955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1981
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2247234 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MEREDITH, DEBRA K.
3160 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955

10. Name and Address of New Registered Agent

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 _____ DATE
Signature of new registered agent, if changed (Attach Resignation) (NOTE: Registered Agent's signature required when instituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BALDERACCHI, JOHN	12 NAME	
STREET ADDRESS	4601 WEST FRIENDLY AVE.	13 STREET ADDRESS	
CITY ST ZIP	GREENSBORO NC	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KAYS, WILLIAM	22 NAME	
STREET ADDRESS	323 NORTH 17TH RD	23 STREET ADDRESS	
CITY ST ZIP	LOSTANT IL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	STD ☑ Change ☐ Addition
NAME	WELLS, GARWOOD	32 NAME	Turner, Francis
STREET ADDRESS	1109 ELLEN DR.	33 STREET ADDRESS	5050 Marianne Key Road
CITY ST ZIP	MIDDLETON OH	34 CITY ST ZIP	Punta Gorda, FL 33955
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: John Balderacchi 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date)

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