


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90114 005 \*\*\*\*61.25

**DOCUMENT # 759743**

1. Entity 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**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2247234**      Applied For  
 Not Applicable

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

00061340



CHECK HERE IF MAKING CHANGES

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

**WHITE, ALAN**  
**15510 BURNT STORE ROAD**  
**PUNTA GORDA FL 33955**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>TD</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>PETERSON, DAVID</b>            |                                 |
| STREET ADDRESS | <b>5050 MARIANNE KEY ROAD #4A</b> |                                 |
| CITY-ST-ZIP    | <b>PUNTA GORDA FL 33955</b>       |                                 |
| TITLE          | <b>PD</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>TEFERTILLAR, JOAN</b>          |                                 |
| STREET ADDRESS | <b>5050 MARIANNE KEY RD #4-A</b>  |                                 |
| CITY-ST-ZIP    | <b>PUNTA GORDA FL 33955</b>       |                                 |
| TITLE          | <b>DVS</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>VAN WAES, DON</b>              |                                 |
| STREET ADDRESS | <b>5050 MARIANNE KEY RD. #48</b>  |                                 |
| CITY-ST-ZIP    | <b>PUNTA GORDA FL 33955</b>       |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>TD</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Don Van Waes.</b>            |  |
| STREET ADDRESS | <b>5050 Marianne Key Rd #4B</b> |  |
| CITY-ST-ZIP    | <b>Punta Gorda, FL 33955</b>    |  |
| TITLE          | <b>PD</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>David Peterson.</b>          |  |
| STREET ADDRESS | <b>5050 Marianne Key Rd #3B</b> |  |
| CITY-ST-ZIP    | <b>Punta Gorda, FL 33955</b>    |  |
| TITLE          | <b>DVS</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Joan Terfertillar.</b>       |  |
| STREET ADDRESS | <b>5050 Marianne Key Rd #4A</b> |  |
| CITY-ST-ZIP    | <b>Punta Gorda, FL 33955.</b>   |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

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

4/21/03

CR2E037 (10/02)