

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified

08/21/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2247234

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

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

10. Name and Address of New Registered Agent

2800  
MEREDITH, DEBRA K.  
3160 MATECUMBE KEY ROAD  
PUNTA GORDA FL 33955

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME BALDERACCHI, JOHN  
STREET ADDRESS 4601 WEST FRIENDLY AVE.  
CITY-ST-ZIP GREENSBORO NC

1.1 TITLE PD  Change  Addition  
1.2 NAME DAVID PETERSON  
1.3 STREET ADDRESS 206 INGRAM ROAD  
1.4 CITY-ST-ZIP OLD SAYBROOK, CT 06475

TITLE VD  DELETE  
NAME KAYS, WILLIAM  
STREET ADDRESS 323 NORTH 17TH RD  
CITY-ST-ZIP LOSTANT IL

2.1 TITLE SD  Change  Addition  
2.2 NAME RUSSELL MEYER  
2.3 STREET ADDRESS 290 BALMORAL LANE  
2.4 CITY-ST-ZIP BARRINGTON, IL 60010

TITLE STD  DELETE  
NAME TURNER, FRANCIS  
STREET ADDRESS 5050 MARIANNE KEY ROAD  
CITY-ST-ZIP PUNTA GORDA FL

3.1 TITLE TD  Change  Addition  
3.2 NAME FRANCIS TURNER  
3.3 STREET ADDRESS 5050 MARIANNE KEY ROAD  
3.4 CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

DAVID M. PETERSON

Date

Daytime Phone #

CR2E037 (12/95)