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**Feb 13 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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 33955-1841

3. Date Incorporated or Qualified
08/21/1981

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **PETERSON, DAVID**
STREET ADDRESS **206 INGRAM ROAD**
CITY-ST-ZIP **OLD SAYBROOK CT**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** DELETE
NAME **MEYER, RUSSELL**
STREET ADDRESS **290 BALMORAL LANE**
CITY-ST-ZIP **BARRINTON IL**

2.1 TITLE **P/D** Change Addition
2.2 NAME **MEYER, RUSSELL**
2.3 STREET ADDRESS **5050 MARIANNE KEY ROAD #2-A**
2.4 CITY-ST-ZIP **PUNTA GORDA, FL 33955**

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

3.1 TITLE **V/S/D** Change Addition
3.2 NAME **WINKLER, ED**
3.3 STREET ADDRESS **5050 MARIANNE KEY ROAD #3-C**
3.4 CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **T/D** Change Addition
4.2 NAME **TEFERTILLAR, JOAN**
4.3 STREET ADDRESS **5050 MARIANNE KEY ROAD #4-A**
4.4 CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97
Date

Daytime Phone #

CR2E037 (9/96)