

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

0070915

DOCUMENT # 759743

1. Entity Name

HALYARD CLUB CONDOMINIUM ASSOCIATION, INC.

02-08-2001 90171 043 ****61.25

Principal Place of Business

Mailing Address

5050 MARIANNE KEY RD.
 PUNTA GORDA FL 33955

5050 MARIANNE KEY RD.
 PUNTA GORDA FL 33955

713908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2247234

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEREDITH, DEBRA K.
15510 BURNT STORE ROAD
PUNTA GORDA FL 33955

Name **ALAN WHITE**

Street Address (P.O. Box Number is Not Acceptable)
15510 BURNT STORE ROAD

City **PUNTA GORDA FL** Zip Code **33955**

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.

SIGNATURE

2-2-01

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

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **MEYER, RUSSELL**
 STREET ADDRESS **5050 MARIANNE KEY RD #2-A**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **DVS Van waes, Don** Change Addition
 NAME **5050 marianne key Rd. #2-B**
 STREET ADDRESS **Punta Gorda, FL 33955**
 CITY-ST-ZIP

TITLE **VSD** Delete
 NAME **WINKLER, ED**
 STREET ADDRESS **5050 MARIANNE KEY RD #3-C**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **PD Winkler, ED** Change Addition
 NAME **5050 marianne key Rd.**
 STREET ADDRESS **Punta Gorda, FL**
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **TEFERTILLAR, JOAN**
 STREET ADDRESS **5050 MARIANNE KEY RD #4-A**
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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TITLE Change 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)(l), 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:

SIGNATURE REQUIRED

1/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)