FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90188 004 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002058

1. Entity Name
NEPTUNE POINTE HOMEOWNERS' ASSOCIATION, INC.

40079223

Principal Place of Business	Mailing Address
8403 S PARK CIR STE 670 ORLANDO, FL 32819	8403 S PARK CIR STE 670 ORLANDO, FL 32819

01132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Greystone Management	Greystone Management
Suite, Apt. #, etc.: 1950 Lee Road, Ste 212	Suite, Apt. #, etc.: 1950 Lee Road ste 212
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 20-1073784 ☐ Applied For ☐ Not Applicable

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
HOEPKER, TODD M 390 N ORANGE AVE STE 1800 ORLANDO, FL 32801	Name: Janice Armstrong Street Address (P.O. Box Number is Not Acceptable): Greystone Management Company 1950 Lee Road, Suite 212 City: Winter Park FL Zip Code: 32789

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: Janice C. Armstrong 1/12/06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make checks payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAAZICK, MATTHEW 8403 S PARK CIR ORLANDO, FL 32819	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John Domin 8403 S. Park Cir #670 Orlando FL 32819	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEN, DAN 8403 S PARK CIR ORLANDO, FL 32819	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director C+ Potts 8403 S. Park Cir #670 Orlando FL 32819	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALL, MATT 8403 S PARK CIR ORLANDO, FL 32819	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Brad Cowherd 8403 S. Park Cir #670 Orlando FL 32819	☑ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 4/28/06
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #