2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 741616

Entity Name: NEPTUNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

818 SE 46TH ST
UNIT 2B
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

818 SE 46TH ST
UNIT 2B
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-2079944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, WILLIAM G
818 SE 46 ST UNIT 2 B
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	HARRIS, MABEL	
Address:	818 SOUTHEAST 46 STREET	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	PD	( ) Delete
Name:	VERDERICO, ROSEMARIE	
Address:	818 SE 46TH STREET	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	PD	( ) Delete
Name:	RESTAINO, ALFRED	
Address:	23 EVERGREEN AVE	
City-St-Zip:	NUTLEY, NJ 07110	
Title:	TD	( ) Delete
Name:	MOORE, WILLIAM	
Address:	818 SE 46TH STREET	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	SD	( ) Delete
Name:	TRIPP, BRENDA	
Address:	818 SOUTHEAST 46 STREET	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	SD	( ) Delete
Name:	HAMMEL, MILLIE	
Address:	818 SOUTHEAST 46 STREET	
City-St-Zip:	CAPE CORAL, FL 33904	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MOORE TD 02/17/2009

Electronic Signature of Signing Officer or Director — Date