

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90007 027 ****61.25

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1. Corporation Name

**NEPTUNE HOLLYWOOD BEACH CLUB CONDOMINIUM ASSOCIA
TION, INC.**

Principal Place of Business

**2012 N. SURF ROAD
HOLLYWOOD FL 33019**

Mailing Address

**2012 N. SURF ROAD
HOLLYWOOD FL 33019**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date incorporated or Qualified

02/11/1982

4. FEI Number

59-2256165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**POLIAKOFF, GARY
BECKER, POLIAKOFF, & STREITFELD
3111 STIRLING RD.
FT. LAUDERDALE FL 33310**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **SPARROW, JACQUELINE**
CITY-ST-ZIP **7191 SHALIMAR ST
MIRAMAR FL 33023**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **STANG, ALAN,**
CITY-ST-ZIP **1585 DAYTONIA RD
MIAMI FL**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MANOULA, MAE**
CITY-ST-ZIP **950 HILLCREST DRIVE #108
HOLLYWOOD FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MILLER, DONALD,**
CITY-ST-ZIP **1601 SW 88TH AVE.
MIAMI FL 33165**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JOYNT, JOSEPH**
CITY-ST-ZIP **309 CAROLINA ST.
HOLLYWOOD FL 33019**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DEGRANGE, DAVID**
CITY-ST-ZIP **710 SHILO TERRACE
DAVE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **President**
1.3 STREET ADDRESS **BARBARA SAMPSON**
1.4 CITY-ST-ZIP **7630 KISMET ST
MIRAMAR FL 33023**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **AUDREY JOYNT**
2.4 CITY-ST-ZIP **309 CAROLINA ST
HOLLYWOOD FL 33019**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. I 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, with all other like empowered.

SIGNATURE:

JACQUELINE SPARROW
Sec/Treas

2/6/99

9220459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)