2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 761927** 1. Entity Name NEPTUNE HOLLYWOOD BEACH CLUB CONDOMINIUM ASSOCIA 02-01-2001 90028 027 ****61.25 Mailing Address Principal Place of Business 2012 N. SURF ROAD 2012 N. SURF ROAD 911174 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2256165 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POLIAKOFF, GARY BECKER, POLIAKOFF, & STREITFELD 3111 STIRLING RD. Zip Code City FT.LAUDERDALE FL 33310 FL 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change ☐ Delete TITLE TITLE SPARROW, JACQUELINE NAME NAME 309 Carolina St STREET ADDRESS 7191 SHALIMAR ST STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33023 CITY-ST-ZIP VΡ ☐ Addition ☐ Delete TITLE Change TITLE STANG, ALAN, NAME NAME 1585 DAYTONIA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition Delete TITLE TITLÉ SAMPSON, BARBARA NAME NAME 7630 KISMET STREET STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT) F TITLE MILLER, DONALD, NAME NAME 1601 SW 88TH AVE. STREET ADDRESS STREET ADDRESS

12. 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 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MIAMI FL 33165

JOYNT, JOSEPH

309 CAROLINA ST.

HOLLYWOOD FL 33019

SIGNATUS TO BEDGIR Sec/Treas

Delete

Delete

1-25-01

954-922-0459

Change

☐ Change

Addition

☐ Addition