


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90015 011 ****61.25

DOCUMENT # 761927							
1. Entity Name NEPTUNE HOLLYWOOD BEACH CLUB CONDOMINIUM ASSOCIATION, 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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2256165			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
POLIAKOFF, GARY BECKER, POLIAKOFF, & STREITFELD 3111 STIRLING RD. FT. LAUDERDALE, FL 33310			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME	ST SPARROW, JACQUELINE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP	7191 SHALIMAR ST MIRAMAR, FL 33023		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	D THOMPSON, STEPHEN	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP	21471 NW 40 CIR CT OPA LOCKA, FL 33055		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	P SAMPSON, BARBARA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP	7630 KISMET STREET MIRAMAR, FL 33023		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	D MILLER, DONALD,	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP	1601 SW 88TH AVE. MIAMI, FL 33165		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	D JOYNT, JOSEPH	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP	309 CAROLINA ST. HOLLYWOOD, FL 33019		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	D JOYNT, AUDREY	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS CITY-ST-ZIP	309 CAROLINA ST HOLLYWOOD, FL 33019		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)(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.							
SIGNATURE: <i>Jacqueline Sparrow</i>			Date: <i>2/28/04</i> Daytime Phone #: <i>954-922-0459</i>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>				