


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90305 025 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

**DUPLICATE**



04042006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2256165**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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 check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> Delete
NAME	SPARROW, JACQUELINE	
STREET ADDRESS	7191 SHALIMAR ST	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, STEPHEN	
STREET ADDRESS	21471 NW 40 CIR CT	
CITY-ST-ZIP	OPA LOCKA, FL 33055	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAMPSON, BARBARA	
STREET ADDRESS	7630 KISMET STREET	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DONALD,	
STREET ADDRESS	1601 SW 88TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYNT, JOSEPH	
STREET ADDRESS	309 CAROLINA ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYNT, AUDREY	
STREET ADDRESS	309 CAROLINA ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	S.T.O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARROW, JACQUELINE	
STREET ADDRESS	7191 SHALIMAR ST.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, BARBARA	
STREET ADDRESS	7630 KISMET STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Jacqueline Sparrow 4/7/2006

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