## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90018 021 \*\*\*\*61.25

Daytime Phone #

DO	CU	M	FΝ	T#	761	192	7
	-			1 77			•

1. Entity Name . NEPTUNE HOLLYWOOD BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



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Principal Place of Business 2012 N. SURF ROAD HOLLYWOOD, FL 33019		Mailing Address 2012 N. SURF ROAD HOLLYWOOD, FL 33019			,			RIBNI BIRFI B	ISIN BIBNI BIKNI BIBN			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04072008	Chg-NP	CR2EC	37 (12/06)		
City & Stat	9		City & State					4. FEI Number 59-22561	165		<del></del>	plied For
Zip Country		Zip	Zip Co.		intry					\$8.75 Add Fee Require	litional	
	6. Name	and Address of Current I	Registered	Agent				7. Name and A	dress of New R	eaistered	Agent	
····			•			Name						
POLIAKOFF, GARY BECKER, POLIAKOFF, & STREITFELD				Street Address (P.O. Box Number is Not Acceptable)								
3111 STIRLING RD. FT.LAUDERDALE, FL 33310												
						City				FI	_   Zip Code	Э
	named entity tions of registe	submits this statement for red agent.	the purpo	se of changing its	registere	ed office or r	egister	ed agent, or both,	in the State of Flo		<u> </u>	and accept
SIGNATURE .	Signature, typed o	r printed name of registered agent a	and title if applic	able. (NOTE	: Registered	d Agent signature	e required	when reinstating)		DATE		
Filing Fee is \$81.25 9. Election Campaign F Due by May 1, 2008 Trust Fund Contribute							\$5.00 May Be Added to Fees			k payable to		
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHAN	GES TO OFFICE	RS AND D	IRECTORS IN	10
TITLE	STD	0.7700.107.110		☐ Delete	TITLE	. 1					Change	Addition
NAME		V. JACQUELINE		L Delete	NAMA		20	12 4 50	OF ROAL	)	- Crimingo	
STREET ADDRESS	7191 SHAL					ET ADDRESS	20	12 y. 50	C. Torrio	_		
CITY-ST-ZIP		FL 33023				-ST-ZIP	HOL	12 H. SU 146000	rc 330	215		
		, r C 33023			+					•		
TITLE	PD			☐ Delete	TITLE	i i					Change	☐ Addition
NAME STREET ADDRESS	SAMPSON, BARBARA 7630 KISMUT ST				NAME	STREET ADDRESS		112 N SO	REROAD			
CITY-ST-ZIP		, FL 33023				-ST-ZIP	HOLYWOOD FC 33		Cr 22	. Q		
<del></del>	D	, FL 33023			-		(-16)	icque oj	70 230	1.1		
MILE	MILLER, D	ONAL D		Delete	TITLE	1					Change	Addition
NAME STREET ADDRESS	1601 SW 8	•			NAMI	ET ADDRESS	20	2 N. SUR	F ROAD			
CITY-\$1-ZIP	MIAMI, FL					-ST-ZIP	Щ	12 H. SUR	Fr 336	219-	+	
		33103			-		HO	ce you up	10 20	/	## Change	CT Addition
TITLE	D JOYNT, JO	SEPH		☐ Delete	TITLE						usange	Addition
STREET ADDRESS	309 CARO						20	12 H. SU	THE ROAL	)		
CITY-\$1-ZiP	Į.	OD, FL 33019				-ST-ZIP	110	I. L. Willow	GC 330	19		
TITLE	D			☐ Delete	TITLE		. , ,	22400-00		• •	Change	☐ Addition
NAME	JOYNT, AL	JDREY		L.) Delete	NAMI						az j change	LT AUGUST
STREET ADDRESS 309 CAROLINA ST			ET ADDRESS	201	2 A.SURI	FROAD			1			
CITY-ST-ZIP	t .	OD, FL 33019				-ST-ZIP	du!	LLYWOOD 2 A.SURI HOLLYWEN	N FC 3:	3019		ļ
TITLE		,		☐ Delete	TITLE			- 100- [1000]	<i>, ,                                  </i>	- ,	☐ Change	Addition
NAME					NAMI	I .						
STREET ADDRESS	<u> </u>					ET ADDRESS						į
CITY-ST-ZIP						-ST-ZIP						ļ

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:

DOCQUELING SPARROW ST 4/2/08 o-galeti GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR