


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90112 036 \*\*\*\*61.25

<b>DOCUMENT # N02000000243</b> 1. Entity Name <b>NEPTUNE FLORIDA YACHT CLUB, INC.</b>			
Principal Place of Business <b>4000 ISLAND BLVD., APT. 2706 AVENTURA, FL 33160</b>		Mailing Address <b>4000 ISLAND BLVD., APT. 2706 AVENTURA, FL 33160</b>	
2. Principal Place of Business <b>3220 NE 165 ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3220 NE 165 ST.</b> Suite, Apt. #, etc.	
City & State <b>N. MIAMI BEACH, FL</b> Zip <b>33160</b>		City & State <b>N. MIAMI BEACH, FL</b> Zip <b>33160</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>80-0026535</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHAPIRO, BERTRAM P 4000 ISLAND BLVD., APT. 2706 AVENTURA, FL 33160</b>		7. Name and Address of New Registered Agent Name <b>SCHUGAR, MARSHA S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3220 NE 165th ST</b> City <b>N. MIAMI BEACH FL</b> Zip Code <b>33160</b>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <i>Marsha S. Schugar</i>  <small>Signature, typed or printed name of registered agent and date if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHAPIRO, BERTRAM P 4000 ISLAND BLVD APT 2706 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>FRED SULTAN</b> <b>661 SLEANDER DR</b> <b>HALLANDALE BEACH, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHAPIRO, BERTRAM P 4000 ISLAND BLVD., APT. 2706 AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOYCE LAZARUS</b> <b>3600 MYSTIC POINTE DR #701</b> <b>AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Delete SULTON, FRED 661 SLEANDER DRIVE HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PAUL FLEISHER</b> <b>661 SLEANDER DR.</b> <b>HALLANDALE BEACH, FL 33009</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCD <input checked="" type="checkbox"/> Delete LAZARUS, JOYCE 3600 MYSTIC PT DR #701 MIAMI, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARSHA SCHUGAR</b> <b>3220 NE 165th ST</b> <b>N. MIAMI BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Marsha S. Schugar</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>1/19/06</i> Daytime Phone # <i>305-944-3663</i>	