

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000243

FILED
Mar 23, 2007
Secretary of State

Entity Name: NEPTUNE FLORIDA YACHT CLUB, INC.

Current Principal Place of Business:

3220 NE 165 ST
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

3220 NE 165 ST
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 80-0026535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, BERTRAM P
3220 NE 165TH ST
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

FLEISHER, PAUL
661 OLEANDER DR
HALLANDALE BEACH, FL 33009 US

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: PAUL FLEISHER

03/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SULTAN, FRED
Address: 661 OLEANDER DR
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: LAZARUS, JOYCE
Address: 3600 MYSTIC POINTE DR #701
City-St-Zip: ADVENTURA, FL 33180

Title: VCD () Delete
Name: FLEISHER, PAUL
Address: 642 OLEANDER DR
City-St-Zip: HALLANDALE, FL 33009

Title: RCD () Delete
Name: SCHUEAR, TARSHA
Address: 8220 NE 165TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: FLEISHER, PAUL
Address: 661 OLEANDER DR
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change () Addition
Name: SCHACHNER, SY
Address: 3530 MYSTIC POINTE DR #1815
City-St-Zip: ADVENTURA, FL 33180

Title: VCD (X) Change () Addition
Name: ZIEFF, JAMES
Address: 3530 MYSTIC POINTE DR #915
City-St-Zip: AVENTURA, FL 33180

Title: TRS (X) Change () Addition
Name: SCHUGAR, MARSHA
Address: 3220 NE 165TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL FLEISHER

CD

03/23/2007

Electronic Signature of Signing Officer or Director

Date