

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001755

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** NEPTUNE'S PALACE CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

581 WEST GORRIE DR.  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

581 WEST GORRIE DR.  
ST. GEORGE ISLAND, FL 32328

**New Mailing Address:**

P O BOX 876  
EASTPOINT, FL 32328

**FEI Number:** 20-0418782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PRIDGEON, BEN  
2518 CHAMBERLIN DR  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

COMMUNITY MANAGEMENT SERVICES  
1914 SUNSET DRIVE  
ST. GEORGE ISLAND, FL 32328 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: WAYNE M GLEASMAN

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVS ( ) Delete  
Name: WOMBLE, WALLY  
Address: 2988 S LAKE BRADFORD RD  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete  
Name: DEMONIA, JAMES  
Address: POST OFFICE BOX 1013  
City-St-Zip: EASTPOINT, FL 32328

Title: DV ( ) Delete  
Name: CASTLEBERRY, DAVID  
Address: 2770 HIGHLAND RIDGE COURT  
City-St-Zip: CUMMING, GA 30041

Title: DT ( ) Delete  
Name: PRIDGEON, BEN  
Address: 2518 CHAMBERLIN DR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: SCHMELING, AMY  
Address: 2518 CHAMBERLIN DR  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WOMBLE, WALLY  
Address: 2988 S LAKE BRADFORD RD  
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WALLY WOMBLE

DP

04/28/2006

Electronic Signature of Signing Officer or Director

Date