

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001755

FILED
Apr 29, 2009
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:

P O BOX 876
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 20-0418782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
1914 SUNSET DRIVE
ST. GEORGE ISLAND, FL 32328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

Title: T () 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: () 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 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: WAYNE M GLEASMAN

RA

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date