

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90068 040 ****61.25

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1. Entity Name
NEPTUNE POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**GREYSTONE MANAGEMENT
1950 LEE RD SUITE 212
WINTER PARK, FL 32789**

Mailing Address
**GREYSTONE MANAGEMENT
1950 LEE RD SUITE 212
WINTER PARK, FL 32789**



2. Principal Place of Business - No P.O. Box #

**Greystone Mgm't Co
1936 Lee Rd. Ste 250**

3. Mailing Address

**Greystone Mgm't Co
1936 Lee Rd. Ste 250**

02082007 Chg-NP CR2E037 (12/06)

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country
USA

Zip
32789

Country
USA

4. FEI Number
20-1073794

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARMSTRONG, JANICE
GREYSTONE MANAGEMENT COMPNAY
1050 LEE RD SUITE 212
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1936 Lee Rd Ste 250
City
Winter Park FL Zip Code
32789

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.

SIGNATURE

Janice Armstrong

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOMAIN, JOHN
8403 SOUTH PARK CIR SUITE 670
ORLANDO, FL 32819** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PUTTS, CI
8403 SOUTH PARK CIR SUITE 670
ORLANDO, FL 32819** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COWHARD, BRAD
8403 SOUTH PARK CIR SUITE 670
ORLANDO, FL 32819** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
George Richards
2077 Keel Way
Kissimmee FL 34744** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
VINCENT ZAPPI
2004 BEARING LN.
Kissimmee FL 34744** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SATO
Gloriamar Hefner
2006 BEARING LN.
Kissimmee FL 34744** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Vincent Zappi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/07
407-334-7274