


**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

**DOCUMENT # N04000002058**

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



**Mailing Address**  
GREYSTONE MGM'T CO  
1936 LEE RD STE 250  
WINTER PARK, FL 32789

04232008 Chq-NP CR2E037 (12/06)

4. FEI Number  
20-1073794

Applied For
Not Applicable

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

ARMSTRONG, JANICE  
GREYSTONE MANAGEMENT COMPNAY  
1936 LEE RD STE 250  
WINTER PARK, FL 32789

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2008**

**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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDS, GEORGE	
STREET ADDRESS	2077 KEEL WAY	
CITY-ST-ZIP	KISSIMMEE, FL 34744	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZAPPI, VINCENT	
STREET ADDRESS	2004 BEARING LN	
CITY-ST-ZIP	KISSIMMEE, FL 34744	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SDTD	<input type="checkbox"/> Delete
NAME	HEFNER, GLORIAMAR	
STREET ADDRESS	2006 BEARING LN	
CITY-ST-ZIP	KISSIMMEE, FL 34744	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SPECIAL AGENT IN CHARGE OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone ( )