2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002058

FILED Mar 17, 2009 Secretary of State

Entity Name: NEPTUNE POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 20-1073794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

· _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 RICHARDS, GEORGE
 Name:
 ZAPPI, VINCENT

 Address:
 2077 KEEL WAY
 Address:
 2004 BEARING LN

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 ZAPPI, VINCENT
 Name:
 COSTA, CISCO

 Address:
 2004 BEARING LN
 Address:
 901 ANCHORAGE LN

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744

Title: SDTD () Delete Title: TSD (X) Change () Addition

 Name:
 HEFNER, GLORIAMAR
 Name:
 JOHNSTON, CHERYL

 Address:
 2006 BEARING LN
 Address:
 844 NEPTUNE POINTE LN

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744

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: VINCENT ZAPPI PRES 03/17/2009