

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003024

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** NEAPOLITAN COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BILL HALLIDAY  
5944 CORAL RIDGE DR #217  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

C/O BILL HALLIDAY  
3729 NEAPOLITAN CIRCLE  
NAPLES, FL 34112

**Current Mailing Address:**

C/O BILL HALLIDAY  
5944 CORAL RIDGE DR #217  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 26-2608011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONROY, CONROY & DURANT, P.A.  
2210 VANDERBILT BCH. RD.  
SUITE 1201  
NAPLES, FL 34109 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: PD  
Name: HALLIDAY, WILLIAM  
Address: 5944 CORAL RIDGE DR #217  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPD  
Name: HALLIDAY, PEARL  
Address: 5944 CORAL RIDGE DR #217  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD  
Name: LEITHISER, LORAIN  
Address: C/O 1618 N US HWY 1  
City-St-Zip: SEBASTIAN, FL 32958

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM HALLIDAY

PD

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date