

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90079 014 ****61.25

DOCUMENT # N26735

1. Corporation Name

NEPTUNE BY THE SEA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 607 MCCOLLUM CIRCLE NEPTUNE BCH FL 32266-6231 Mailing Address

607 MCCOLLUM CIRCLE **NEPTUNE BCH FL 32266-6231**



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Principal Place of Business 2a. Mailing Address							3. Date Incorporated or Qual	ifed		
21		26	26				06/02/1988			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				4. FEI Number			plied For
22		27	27				59-2893769			t Applicable
City & State City & State							5. Certificate of Status Desire	d 🗆	\$8.757	
23						 	_	Fee Re	<u> </u>	
Zip	Country	Zip		ıntry			6. Election Campaign Finance	ing 🗆	\$5.00	•
24 25 29 30							Trust Fund Contribution	Pagistared	Added t	io Fees
	9. Name and Address of Curren	nt Registered Agent		81	Name		10. Name and Address of No	Registered	Agent	
				0	Ivalle					
GEIGER, STEWART					Street /	Address	(P.O. Box Number is Not Acc	eptable)		
607 MCCOLLUM CIRCLE										
NEPTUNE BEACH FL 32266										
				84	City				85 Zip (Code
					•	_		FL	<u>. _ </u>	
office or a	to the provisions of Sections 617.050 registered agent, or both, in the State	of Florida. Such change was	s authorize	יעם ס	the corbo	corpora coration's	ition submits this statement for board of directors. I hereby a	ccept the appoi	ntment as re	gistered
agent. I a	am familiar with, and accept the obliga	itions of, Section 617.0503, F	lorida Stat	utes	•		·			
SIGNATURE		_								
	Signature, typed or printed name of registered age	·····	TE; Registered	d Age	it signature n	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	ID DIRECTO)RS IN 12
12.		ND DIRECTORS				1	ADDITIONS/GITANOES TO	OI FIOLING A	Change	Additio
TITLE	PD		1.1 7							
NAME	HENEHAN TODD		1.2 N							
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NAME	SCHULTZ, JAMES S			VAME						
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NAME				IAME	ļ					
STREET ADDRESS			6.3 S	TREE	TADDRESS	3				

CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: