## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED **DOCUMENT # N26735** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name NEPTUNE BY THE SEA HOMEOWNERS ASSOCIATION, INC. 04-19-2000 90101 045 \*\*\*\*61.25 Mailing Address Principal Place of Business 607 MCCOLLUM CIRCLE 607 MCCOLLUM CIRCLE NEPTUNE 8CH FL 32266-6231 NEPTUNE BCH FL 32266-€231 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For IX & State DEACH ; 59-2893769... Not Applicable Country S. A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EARL VESTStreet Address (P.O. Box Number is Not Acceptable) GEIGER, STEWART **607 MCCOLLUM CIRCLE NEPTUNE BEACH FL 32266** 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Change ☐ Addition TITLE Delete HENEHAN TODD NAME NAME STREET ADDRESS 619 5TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BCH FL Addition Delete TITLE TITLE WEST, EARL 620 McCollum CIRCLE NEPTUNE BEACH, FL GEIGER, STEWART NAME NAME STREET ADDRESS 607 MCCOLLUM CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF NEPTUNE BEACH FL SD ☐ Delete Addition TITLE TITLE SUSMAN, GENE NAME NAME STREET ADDRESS **621 MCCOLLUM CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BCH FL Addition VD Delete TITLE TITLE GARZA, THOM SCHULTZ, JAMES \$ NAME NAME STREET ADDRESS 608 VALLEY FORGE ROAD, NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BEACH FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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