2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26735

1. Entity Name

NEPTUNE BY THE SEA HOMEOWNERS ASSOCIATION, INC.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90075 027 ****61.25

					OWE !						
620 MCCOLLUM CIRCLE 6 NEPTUNE BEACH FL 32266-3786 N			Mailing Address 620 MCCOLLUM CIRCLE NEPTUNE BEACH FL 32266-3786 US) (188)(188) (188) (18	18	BIN BHBNI BNOSH B	 	(1 B181) (BB)	
2. Principal Place of Business 3. M			Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-2893769			Applied For Not Applicable]
Zip Country			р	Cou	ntry	5. Certificate of Status Desired See Required			litional		
6. Name and Address of Current Registr			red Agent			7. Name and Add	Address of New Registered Agen				
	ARL OLLUM CIRCLE E BEACH FL 32266-3786				Name Street Address	s (P.O. Box Number is N	lot Acceptable)				
					City			FL Zi	p Code	e	
	named entity submits this statement fo ions of registered agent.	or the purp	pose of changing its	registere	ed office or regist	tered agent, or both, in t			r with,	and accept	
	Signature, typed or printed name of registered agent	and title if ap	plicable. (NOTE	: Registered	Agent signature requi	red when reinstating)	ב	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees					
10.	OFFICERS AND DI	RECTORS	3	11.		ADDITIONS/CHANGE	ES TO OFFICERS AN	D DIRECTO	RS IN	10	ĺ
NAME >	PD MAZZOLA, ANTHONY 929 BIRCH COURT NEPTUNE BEACH FL 32266		☐ Delete					□ C		☐ Addition	(20/01) 250:
TITLE NAME STREET ADDRESS	TD WEST, EARL 620 MCCOLLUM CIRCLE NEPTUNE BEACH: FL 32266		Delete		i i			CI	nange	☐ Addition _y	CBO
TITLE NAME STREET ADDRESS	SD SUSMAN, GENE 621 MCCOLLUM CIRCLE NEPTUNE BCH FL		☐ Delete					☐ Ci	iange	Addition	
TITLE NAME STREET ADDRESS	VD TUCK, CHARLES 828 MCCOLLUM CIRCLE NEPTUNE BEACH FL 32266		☐ Delete					CI	nange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					C C	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	estify that the information symplical with		☐ Delete	CITY-	ET ADDRESS ST-ZIP			□ Cr		☐ Addition	

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

SIGNATURE:

SICHATURAL HERRINEST

24 MARC H 2003 (904)241-0925