

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N50597 1. Entity Name NEPTUNE BY THE SEA - UNIT THREE OWNERS ASSOCIATION, FL	
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Principal Place of Business NEPTUNE BY THE SEA UNIT #3 CHERRY STREET NEPTUNE BEACH, FL 32266 US	Mailing Address NEPTUNE BY THE SEA UNIT #3 PO BOX 50729 JACKSONVILLE BEACH, FL 32240-0729 US
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01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3153931	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SNYDER, MICHAEL V 521 LIGHTHOUSE CT NEPTUNE BEACH, FL 32266	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

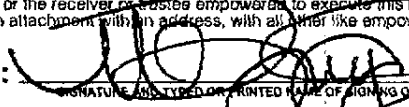
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOBLES, BEATRIZ 834 MCCULLUM CIRCLE NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, MICHAEL V 521 LIGHTHOUSE CR NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ST. GEORGE, FRANCIS 611 LIGHTHOUSE CT NEPTUNE BCH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIVINGSTON, DANIEL 521 LIGHTHOUSE CT NEPTUNE BEACH, FL 32266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/06-80020-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **2/7/06** **904-553-7097**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone