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

Principal Place of Business	Mailing Address
NEPTUNE BY THE SEA UNIT #3 CHERRY STREET NEPTUNE BEACH, FL 32266 US	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)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOBLES, BEATRIZ
STREET ADDRESS	834 MCCULLUM CIRCLE
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	TD
NAME	SNYDER, MICHAEL V
STREET ADDRESS	521 LIGHTHOUSE CR
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	SD
NAME	ST. GEORGE, FRANCIS
STREET ADDRESS	511 LIGHTHOUSE CT
CITY-ST-ZIP	NEPTUNE BCH, FL 32266
TITLE	DV
NAME	LIVINGSTON, DANIEL
STREET ADDRESS	521 LIGHTHOUSE CT
CITY-ST-ZIP	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

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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 #