

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N50597

1. Entity Name

NEPTUNE BY THE SEA - UNIT THREE OWNERS
ASSOCIATION, FL



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



01052007 No Chg-NP

CR2E037 (4/06)

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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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01/10/07-80043-025 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-07