

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 30 AM 9: 16

**DOCUMENT # 726579 (6)**

1. Corporation Name

**JUNO BEACH CIVIC ASSOCIATION, INC.**

Principal Place of Business

340 OCEAN DR  
JUNO BEACH FL 33408

Mailing Address

340 OCEAN DR  
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

23-744 1300

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes.  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BUCHANAN, J.E.  
471 SUNSET WAY  
JUNO BEACH FL FL 33408

10. Name and Address of New Registered Agent

81 Name

William J. Greer

82 Street Address (P.O. Box Number is Not Acceptable)

391 Jupiter Lane

83

84 City

Juno Beach

FL

85 Zip Code

33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*William J. Greer*

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reappointing)

1/20/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: ATD  
NAME: MILLER, ANN  
STREET ADDRESS: 204 A SEA OATS DRIVE  
CITY-ST-ZIP: JUNO BEACH FL

1.1 TITLE: TD  
1.2 NAME:  Change  Addition  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:

TITLE: D  
NAME: RICHARDS, LIBBY  
STREET ADDRESS: 500 OCEAN DRIVE  
CITY-ST-ZIP: JUNO BEACH FL

2.1 TITLE: D  
2.2 NAME: HARMON, SHANNON  
2.3 STREET ADDRESS: 421 NEPTUNE RD  
2.4 CITY-ST-ZIP: JUNO BEACH FL 33408  
 Change  Addition

TITLE: D  
NAME: STELLUTO, JOHN  
STREET ADDRESS: 401 SUNSET WAY  
CITY-ST-ZIP: JUNO BEACH FL

3.1 TITLE:  
3.2 NAME:  Change  Addition  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

TITLE: D  
NAME: DUBROWIN, RAY  
STREET ADDRESS: 523 OAK HARBOUR DRIVE  
CITY-ST-ZIP: JUNO BEACH FL

4.1 TITLE:  
4.2 NAME:  Change  Addition  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

TITLE: D  
NAME: TUNIS, NEWTON  
STREET ADDRESS: THE WATER FORD V-22 007 US #1  
CITY-ST-ZIP: JUNO BEACH FL

5.1 TITLE: VP  
5.2 NAME: SALTER, RICHARD  
5.3 STREET ADDRESS: 400 NEPTUNE RD  
5.4 CITY-ST-ZIP: JUNO BEACH FL 33408  
 Change  Addition

TITLE: TD  
NAME: HANSEN, EDWARD, G  
STREET ADDRESS: 630 OCEAN DRIVE  
CITY-ST-ZIP: JUNO BEACH FL

6.1 TITLE: SGC  
6.2 NAME: JOHNSON, JAN  
6.3 STREET ADDRESS: 621 OCEAN DR.  
6.4 CITY-ST-ZIP: JUNO BEACH FL 33408  
 Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Janette P. Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/95

Date

407-622-8328

Signature Place