

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # 726579 (6)

1. Corporation Name
JUNO BEACH CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
340 OCEAN DR **340 OCEAN DR**
JUNO BEACH FL 33408 **JUNO BEACH FL 33408**

3. Date Incorporated or Qualified 3a. Date of Last Report
06/01/1973 **01/30/1995**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number Applied For
23-7441300 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, WILLIAM
391 JUPITER LANE
JUNO BEACH FL 33408

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 2	AD NAME MILLER, ANN STREET ADDRESS 204 A SEA OATS DRIVE CITY-ST-ZIP JUNO BEACH FL	<input type="checkbox"/> DELETE
TITLE 3	D NAME HARMON, SHANNON STREET ADDRESS 421 NEPTUNE ROAD CITY-ST-ZIP JUNO BEACH FL	<input type="checkbox"/> DELETE
TITLE D	D NAME STELLUTO, JOHN STREET ADDRESS 401 SUNSET WAY CITY-ST-ZIP JUNO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE D	D NAME DUBROWIN, RAY STREET ADDRESS 523 OAK HARBOUR DRIVE CITY-ST-ZIP JUNO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE 4	VP NAME SALTER, RICHARD STREET ADDRESS 400 NEPTUNE ROAD CITY-ST-ZIP JUNO BEACH FL	<input type="checkbox"/> DELETE
TITLE SEC	SEC NAME JOHNSON, JAN STREET ADDRESS 621 OCEAN DRIVE CITY-ST-ZIP JUNO BEACH FL	<input checked="" type="checkbox"/> DELETE

1.1 TITLE 5	SEC. D 1.2 NAME OWEN ELLIOTT 1.3 STREET ADDRESS 2030 SEA OATS DR. 1.4 CITY-ST-ZIP JUNO BEACH FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****61.25**

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *SIGNATURE OF ANN MILLER* **8/1/96** **561.6228328**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0000973

CR2E037 (3/96)