


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 726579
1. Entity 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**



01142006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
23-7441300 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DOYLE, THOMAS B
405 A SEA OATS DRIVE
NORTH PALM BEACH, FL 33408-1456**

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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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, ANN 204 A SEA OATS DRIVE JUNO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLIOTT, OWEN 2030 SEA OATS DR JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOYLE, TOM 405 A SEA OATS DR JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, WILLIAM 391 JUPITER LANE JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYNE, EMMY 406 H SEA OATS DR JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESKEW, TERESA 184 RIDGE RD JUNO BEACH, FL 33408

000000395894
01/27/06-80011-010 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: Thomas B. Doyle, Treas 1/20/2006 561-624-487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #