

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:25

DOCUMENT # 733529 (2)

1. Corporation Name
JUNO BY THE SEA NORTH CONDOMINIUM ASSOCIATION (THE MANOR), INC.

Principal Place of Business	Mailing Address
ION (THE MANOR), INC. 911 OCEAN DRIVE JUNO BEACH FL 33408	ION (THE MANOR), INC. 911 OCEAN DRIVE JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1975	3a. Date of Last Report 04/18/1994
4. FEI Number 59-1669187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

LEVINE, JAY
3300 PGA BOULEVARD
PALM BEACH GARDENS FL 33410

10. Name and Address of Now Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, DAVID
STREET ADDRESS	911 OCEAN DR
CITY-ST-ZIP	JUNO BCH, FL 00000
TITLE	VD
NAME	DOLAN, JULIE
STREET ADDRESS	911 OCEAN DR
CITY-ST-ZIP	JUNO BCH, FL 00000
TITLE	TD
NAME	ROLLASON, DAVID
STREET ADDRESS	911 OCEAN DR
CITY-ST-ZIP	JUNO BCH, FL 00000
TITLE	SD
NAME	LIDDELL, SPENCER
STREET ADDRESS	911 OCEAN DR
CITY-ST-ZIP	JUNO BCH, FL 00000
TITLE	D
NAME	OBERT, FRANCIS
STREET ADDRESS	911 OCEAN DR
CITY-ST-ZIP	JUNO BCH, FL 00000
TITLE	D
NAME	DACOSTA, WILLIAM
STREET ADDRESS	911 OCEAN DR
CITY-ST-ZIP	JUNO BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cox, David	
1.3 STREET ADDRESS	911 Ocean Dr., Juno Bch., FL, 33408	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Obert, Francis	
2.3 STREET ADDRESS	911 Ocean Dr., Juno Bch., FL, 33408	
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary-Treas., D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Williamson, John	
3.3 STREET ADDRESS	911 Ocean Dr., Juno Bch., FL, 33408	
3.4 CITY-ST-ZIP		
4.1 TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Martin, David	
4.3 STREET ADDRESS	911 Ocean Dr., Juno Bch., FL, 33408	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Scott, Oliver	
5.3 STREET ADDRESS	911 Ocean Dr., Juno Bch., FL, 33408	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dacosta, William	
6.3 STREET ADDRESS	911 Ocean Dr., Juno Bch., FL, 33408	
6.4 CITY-ST-ZIP		

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)(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: David Martin DAVID MARTIN 2/2/95 407-627-3650