

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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. ION (THE MANOR), INC.
911 OCEAN DRIVE 911 OCEAN DRIVE
JUNO BEACH FL 33408 JUNO BEACH FL 33408

3. Date Incorporated or Qualified 08/08/1975 3a. Date of Last Report 02/09/1995
4. FEI Number 59-1669187 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
LEVINE, JAY
3300 PGA BOULEVARD
PALM BEACH GARDENS FL 33410

10. Name and Address of New 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 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COX, DAVID	
STREET ADDRESS	911 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OBERT, FRANCIS	
STREET ADDRESS	911 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, JOHN	
STREET ADDRESS	911 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MARTIN, DAVID	
STREET ADDRESS	911 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLIVER, SCOTT	
STREET ADDRESS	911 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DACOSTA, WILLIAM	
STREET ADDRESS	911 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Liddell, Spencer	
2.3 STREET ADDRESS	911 Ocean Dr.	
2.4 CITY-ST-ZIP	Juno Beach, FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rollason, David	
3.3 STREET ADDRESS	911 Ocean Dr.	
3.4 CITY-ST-ZIP	Juno Beach, FL	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Loughran, Bernard	
5.3 STREET ADDRESS	911 Ocean Dr.	
5.4 CITY-ST-ZIP	Juno Beach, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *David H. Rollason* 1/20/96 407 622-3549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)