FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

733529

(2)

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

HE MANOR), INC.									
Principal Plac	e of Business	Mailing Address	·	·		MINI INDOM INION INION AND AND INDIN	DEL ULBER BIBIE AVUEL ULDII	#1011 01#11 1001	
ION (THE MANOR). INC. 911 OCEAN DRIVE JUNO BEACH FL 33408		ION (THE MANOR). INC. 911 OCEAN DRIVE JUNO BEACH FL 33408-1707							
						ncorporated or Qualified 3/08/1975	3a. Date of Last 01/31/1	996	
2. Principal Place of Business 2a. Mailing Add 21 26			Idress			4. FEI Number 59-1669187		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certific	cate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	0	City & State			ŀ	n Campaign Financing und Contribution		May Be to Fees	
Zip 24	Country Zip Co 25 29 30		Country 30	'	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			s. 199.032,	
	9. Name and Address of Curre				10. Name	and Address of New Re	platered Agent		
			81	Name					
LEVINE, JAY 3300 PGA BOULEVARD			82	Street	Address (P.O. Box	Number is Not Acceptab	le)		
PALM BEACH GARDENS FL 33410			83						
			84	City			FL 85 Zij	Code	
11. Pursuant	to the provisions of Sections 617.03 egistered agent, or both, in the Sta	502 and 617.1508, Florida Statu	tes, the abov	e-named	corporation subm	its this statement for the p	urpose of changing	its registered	
agent. La	egistered agent, or both, in the Sta im familiar with, and accept the obli	igations of, Section 617.0503. F	lorida Statute	y tile cor S.	poration's board o	I directors. I hereby accep	и ине врропиинели а	is registered	
SIGNATURE									
	Signature, typed or printed name of registered a	··········		ent signature	e required when reinstatin		DATE	SD0 IN 40	
12.	VD OFFICERS A	ND DIRECTORS DELETE	13.			ONS/CHANGES TO OFFIC	Change		
	COX, DAVID					مدمير بأمرين	PET CHEMP	, LI Madicion	
NAME	911 OCEAN DR		1.2 NAME		Bernard	Coughran			
STREET ADDRESS	JUNO BEACH FL		1.3 STREET		911 Ocean				
CITY-ST-ZIP	SD SD	DELETE	1.4 CITY - 5	I - ZIP	Juno Be	ocu, rl	☐ Change	Addition	
TITLE	LIDDELL, SPENCER	C. DECEIL			P B.	ات د		, E Addition	
NAME	911 OCEAN DR		2.2 NAME		Fack Ki				
STREET ADDRESS	JUNO BEACH FL		2.3 STREET						
CITY-ST-ZIP TITLE	JD DENOTTE	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP	DUNG DE	ach, It	☐ Change	Addition	
ľ	ROLLASON, DAVID	EJ DULLIL						, E Addition	
NAME	011 005 11 00		3.2 NAME					i	
STREET ADORESS	HIND DEACH EL		3.3 STREE						
CITY-ST-ZIP TITLE	PD	DELETE	3.4. CITY- 4.1 TITLE	51 - ZIP			☐ Changi	Addition	
	MARTIN, DAVID	beter					F-1 0.44.18.	,, , , , , , , , , , , , , , , , ,	
NAME	911 OCEAN DR		4. 2 NAME						
STREET ADORESS	JUNO BEACH FL			ADDRESS					
CITY-ST-ZIP TITLE	D DENOTITE	☐ DELETE	4.4 CITY - 5.1 TITLE	SI - ZIP			Change	Addition	
NAME	LOUGHRAN, BERNARD	LJ Veccie	5.2 NAME				**************************************		
\	and complete pro			5.3 STREET ADDRESS					
STREET ADDRESS	NAME DE ACIA EL								
CITY-ST-ZIP TITLE	D D	DELETE	5.4 CITY - 5 6.1 TITLE	31-ZIP	<u> </u>		Change	Addition	
	1 -	□ DETE					F-1 Overlå	, Li residon	
NAME				6.2 NAME 6.3 STREET ADDRESS					
STREET ADDRESS	911 OCEAN DR								

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 atlachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

Date

Daylime Phone # 0040557

FILED

Jan 15 1997 8:00am

Secretary of State