

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90053 001 ****61.25

0041690

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733529

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

08/08/1975

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD DELETE
NAME COX, DAVID
STREET ADDRESS 911 OCEAN DR
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE SD DELETE
NAME REID, JACK
STREET ADDRESS 911 OCEAN DRIVE
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE TD DELETE
NAME LOUGHRAN, BERNARD T.
STREET ADDRESS 911 OCEAN DRIVE
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE D DELETE
NAME OBERT, FRANCIS
STREET ADDRESS 911 OCEAN DRIVE
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE D DELETE
NAME MILLER, HARRY
STREET ADDRESS 911 OCEAN DR
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE PD DELETE
NAME DACOSTA, WILLIAM
STREET ADDRESS 911 OCEAN DR
CITY-ST-ZIP JUNO BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME Liddell, Spence
1.3 STREET ADDRESS 911 Ocean Drive #101
1.4 CITY-ST-ZIP Juno Beach, FL 33408

2.1 TITLE D Change Addition
2.2 NAME Swanson, John
2.3 STREET ADDRESS 911 Ocean Dr. #706
2.4 CITY-ST-ZIP Juno Beach, FL 33408

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
1-19-99 561/622-3549
Date Daytime Phone #

CR2E037 (11/98)