


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90077 019 ****61.25

DOCUMENT # 733529					
1. Entity Name JUNO BY THE SEA NORTH CONDOMINIUM ASSOCIATION (THE MANOR), INC.					
Principal Place of Business 911 OCEAN DRIVE JUNO BEACH FL 33408		Mailing Address 911 OCEAN DRIVE JUNO BEACH FL 33408			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1669187	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIZABETH, WEINBLATT 911 OCEAN DR., APT. 803 JUNO BEACH FL 33408			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City FL Zip Code		
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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, DAVID		NAME		
STREET ADDRESS	911 OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTH, PHILLIP		NAME		
STREET ADDRESS	911 OCEAN DR.		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIDDELL, SPENCER J		NAME		
STREET ADDRESS	911 OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERT, FRANCIS		NAME		
STREET ADDRESS	911 OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIAN, STONE		NAME		
STREET ADDRESS	911 OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Nancy Martin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACOSTA, WILLIAM		NAME	911 Ocean Dr	
STREET ADDRESS	911 OCEAN DR		STREET ADDRESS	Juno Beach, FL 33408	
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP		
12. 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 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: <u>J.S. Liddell</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-28-04</u> Daytime Phone # _____	