

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90027 032 \*\*\*\*61.25

**40004169**



<b>DOCUMENT # 733529</b>					
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			
Zip	Country	Zip	Country	4. FEI Number 59-1669187	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ELIZABETH WEINBLATT 911 OCEAN DR., APT. 803 JUNO BEACH, FL 33408				7. Name and Address of New Registered Agent	
				Name <del>J. SPENCER LIDDELL</del>	
				Street Address (P.O. Box Number is Not Acceptable)	
				911 OCEAN DR.	
				City JUNO BEACH FL Zip Code 33408	
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 <i>J. Spencer Libdell</i> J. SPENCER LIDDELL, TREASURER 1/15/05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, DAVID		NAME	BIRD, ROSEMARY	
STREET ADDRESS	911 OCEAN DR		STREET ADDRESS	911 OCEAN DR.	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTH, PHILLIP		NAME		
STREET ADDRESS	911 OCEAN DR.		STREET ADDRESS	correction	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	J. SPENCER LIDDELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIDDELL, SPENCER J		NAME		
STREET ADDRESS	911 OCEAN DRIVE		STREET ADDRESS	correction	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input 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 type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, NANCY		NAME		
STREET ADDRESS	911 OCEAN DR		STREET ADDRESS	correction	
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: <i>J. Spencer Libdell</i> J. SPENCER LIDDELL 1/15/05 561-626-1072					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #					