


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90048 015 ****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**

60000150

(733529=====N)

01172006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
59-1669187

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LIDDELL, J. SPENCER
 911 OCEAN DR.
 JUNO BEACH, FL 33408**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COX, DAVID	
STREET ADDRESS	911 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTH, PHILLIP	
STREET ADDRESS	911 OCEAN DR.	
CITY-ST-ZIP	JUNO BEACH, FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE
 NAME **LIDDELL, J. SPENCER**
 STREET ADDRESS **911 OCEAN DRIVE**
 CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D**
 NAME **MARIAN, STONE**
 STREET ADDRESS **911 OCEAN DRIVE**
 CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D**
 NAME **MARTIN, NANCY**
 STREET ADDRESS **911 OCEAN DR**
 CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **Director**
 NAME **Bird, Rosemary**
 STREET ADDRESS **911 Ocean Dr**
 CITY-ST-ZIP **Juno Beach, FL 33408**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: J. Spencer Liddell J. Spencer Liddell, Treasurer January 18, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #