

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

50 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N05149 (2)**
1. Corporation Name
JUNO OCEAN WALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**4300 SOUTH US #1
SUITE 203 BOX 169
JUPITER FL 33477** **4300 SOUTH US #1
SUITE 203 BOX 169
JUPITER FL 33477**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **09/14/1984** 3a. Date of Last Report **04/21/1994**
4. FEI Number **65-0046104**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business Mailing Address
21 **900 Juno Ocean Walk** 26
22 27
23 **Juno Beach, FL** 28
24 **33408** 25 **Palm Beach** 29 30

9. Name and Address of Current Registered Agent
**GREENE, LILLIAN
1745 US 1, F17
JUNO BCH. FL 33408**

10. Name and Address of New Registered Agent
81 Name **Greene Lillian**
82 Street Address (P.O. Box Number is Not Acceptable) **900 JUNO OCEAN WALK, FL**
83
84 City **Juno Beach** 85 FL 86 Zip Code **33408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 607.0502, Florida Statutes.
SIGNATURE *Lillian M. Greene* 42895

12. OFFICERS AND DIRECTORS	
TITLE	DE
NAME	CLEOK, RICHARD
STREET ADDRESS	1745 U.S. 1, A33
CITY, ST, ZIP	JUNO BEACH FL
TITLE	BY
NAME	TREFFY, WILLIAM
STREET ADDRESS	1745 US 1, G37
CITY, ST, ZIP	JUNO BEACH FL
TITLE	DS
NAME	GREENE, LILLIAN
STREET ADDRESS	1745 U.S. 1 F17 900 JUNO OCEAN WALK F17
CITY, ST, ZIP	JUNO BEACH FL
TITLE	DT
NAME	MORTENSON, GRACE
STREET ADDRESS	1745 US 1, G39 900 JUNO OCEAN WALK C39
CITY, ST, ZIP	JUNO BEACH FL
TITLE	D
NAME	BURDICK, JOY
STREET ADDRESS	1745 US 1, G39 900 JUNO OCEAN WALK A35
CITY, ST, ZIP	JUNO BEACH FL
TITLE	D
NAME	GEEHOED, GERARD
STREET ADDRESS	1745 U.S. 1, G24 900 JUNO OCEAN WALK C24
CITY, ST, ZIP	JUNO BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN T. SAMULIAN
1.3 STREET ADDRESS	1818 AUSTRALIAN AVE. SOUTH SUITE 4
1.4 CITY, ST, ZIP	WEST PALM BEACH FL 33409
2.1 TITLE	DIRECTOR/PRESIDENT /VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TREFFY WILLIAM
2.3 STREET ADDRESS	900 JUNO OCEAN WALK, B27
2.4 CITY, ST, ZIP	JUNO BEACH, FL 33408
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CORONE SPRAGUE
3.3 STREET ADDRESS	900 JUNO OCEAN WALK, E08
3.4 CITY, ST, ZIP	JUNO BEACH, FL 33408
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(2)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *William Treffy* **William Treffy, President** 42895 407.624-8907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number