

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05149 (2)

1. Corporation Name

JUNO OCEAN WALK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

900 JUNO OCEAN WALK
JUNO BEACH FL 33408
US

4300 SOUTH US #1
SUITE 203 BOX 169
JUPITER FL 33477

3. Date incorporated or Qualified 09/14/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0046104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, JOHN
14041 U.S. HWY. ONE
PROGRESSIVE MANAGEMENT
JUNO BCH. FL 33408

81. Name LEVINE FRANK & EDGAR, P.A.
82. Street Address (P.O. Box Number is NA) ATTN: JAY LEVINE
83. 3300 PGA BLVD, SUITE 500
84. City PALM BEACH GARDENS FL 85. Zip Code 33410

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 officer 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 *Jay Levine*

NOTE: Registered Agent signature required when registering.

3/25/96

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMILJAN, STEVEN T 1818 AUSTRALIAN AVE SOUTH SUITE 4 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV L'ABBE, AILEEN 30 ELLIOTT STREET DANVERS MA 01923 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TREFRY, WILLIAM 5571 KINNEVILLE RD. EATON RAPIDS MI 40827 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SPRAGUE, IDA C 4300 S. US 1 STE. 203-109 JUPITER FL 33477 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUGGEMAN, FRANK 1818 AUSTRALIAN AVE. S. STE. 400 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, LYNN 1818 AUSTRALIAN AVE., S. STE. 400 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	DIRECTOR BEACH, FREDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 JUNO OCEAN WALK, A3 JUNO BEACH, FLORIDA 33408
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	DIRECTOR GREENE, LILLIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 JUNO OCEAN WALK F17 JUNO BEACH, FL 33408
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	DIRECTOR HARGREAVES, PATRICIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 JUNO OCEAN WALK A42 JUNO BEACH, FL 33408
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	DIRECTOR SHAMON, RONALD R <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 JUNO OCEAN WALK A60 JUNO BEACH, FL 33408
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	DIRECTOR WIGGERS, ANDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 JUNO OCEAN WALK E19 JUNO BEACH, FL 33408
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	DIRECTOR MALETTE, CARMEN A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 900 JUNO OCEAN WALK C11 JUNO BEACH, FL 33408

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Aileen Labbe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2496
Date

407-624-8907
Telephone Phone #

CR2E037 (12/95)