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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 OURACKIT #

101

JUNO (OCEAN WALK CONDOMINIU	M ASSOCIATION, INC), 		
900 JUNO OCE	AN WALK	4300 SOUTH US #1 SUITE 203 BOX 169			
JUNO BEACH F US	rt 33400	JUPITER FL 33477-1196			····
, -				3. Date incorporated or Qualified 09/14/1984	3a. Date of Last Report 04/02/1996
	Place of Business	2a. Mailing Address		4. FEI Number 65-0046104	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
2		27			Fee Required
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
4	25	29	30		Yes No
<u> </u>	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New R	
I FANE	FRANK & EDGAR PA		82 Street /	CVINE FRANK FAGAR! TO	KAPMAN, K.A.
	AY LEVINE		oz Sireet A	Address (P.O. Box Number is Not Accepta	
3300 PG	SA BLVD SUITE 500		83		
PALM B	EACH GARDENS FL 33410		84 City		85 Zip Code
11 Durguant	to the provisions of Sections 617.0502	and 617 1508 Florida Statut	res the above named	corneration cultimite this statement for the	Purpose of changing its registered
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was a	authorized by the corp	poration's board of directors. I hereby acce	ept the appointment as registered
autoni. Le	ann iaminai with, and accept the obiggat		orido Statuton		
	1. 1. 2.	1 / 1	orida Statutes.		4.21.07
SIGNATURE.	Stg. Jure, typed privide name of registered agent	and title if apply ble. (NOT	E: Registered Agent signature	required when reinstating)	9-21-9)
SIGNATURE.	Starture, typeday puried name of registered agent OFFICERS AND	and title if applyable. (NOT	E: Registered Agent signature	required when reinstating) ADD/TIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
SIGNATURE. 12. TITLE	Star Jure, typicidy publied name of registered agent OFFICERS AND	and title if apply ble. (NOT	E: Registered Agent signature 13. 1.1 TITLE	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRECTORS IN 12 Change Addition
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