

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 900 JUNO OCEAN WALK JUNO BEACH FL 33408 US	Mailing Address 4300 SOUTH US #1 SUITE 203 BOX 169 JUPITER FL 33477-1196
--	--

3. Date Incorporated or Qualified 09/14/1984	3a. Date of Last Report 04/02/1996
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**LEVINE FRANK & EDGAR PA
ATTN: JAY LEVINE
3300 PGA BLVD SUITE 500
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent
81 Name **LEVINE FRANK EDGAR, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 office 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* (Print) DATE: **4-21-97**

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BEACH, FREDA
STREET ADDRESS	900 JUNO BEACH WALK A3
CITY-ST-ZIP	JUNO BEACH FL
TITLE	DPV <input type="checkbox"/> DELETE
NAME	L'ABBE, AILEEN
STREET ADDRESS	30 ELLIOTT STREET
CITY-ST-ZIP	DANVERS MA 01923
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HARGREAVES, PATRICIA
STREET ADDRESS	900 JUNO OCEAN WALK F-17
CITY-ST-ZIP	JUNO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GREENE, LILLIAM
STREET ADDRESS	900 JUNO OCEAN WALK F-17
CITY-ST-ZIP	JUNO BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WIGGERS, ANDY
STREET ADDRESS	900 JUNO BEACH WALK E-19
CITY-ST-ZIP	JUNO BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MALETTE, CARMEN A.
STREET ADDRESS	900 JUN OCEAN WALK C-11
CITY-ST-ZIP	JUNO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARIETTA GRACE BURTON
1.3 STREET ADDRESS	900 JUNO OCEAN WALK A-5P
1.4 CITY-ST-ZIP	JUNO BEACH, FL 33480
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WABBE AILEEN
2.3 STREET ADDRESS	30 ELLIOTT ST
2.4 CITY-ST-ZIP	DANVERS, MA 01923
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GERARD Lee Geelhoed.
3.3 STREET ADDRESS	2596 Rolling Ridge NW
3.4 CITY-ST-ZIP	WALKER, ME 49504
4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Greene, Lillian M.
4.3 STREET ADDRESS	900 JUNO OCEAN WALK F17
4.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IDA Corrine Sprague
5.3 STREET ADDRESS	900 JUNO OCEAN WALK E08
5.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARL L. HEIGHT
6.3 STREET ADDRESS	100 COURTCT BLVD. #403
6.4 CITY-ST-ZIP	BRAMPTON, ONTARIO, CANADA L6W 3X1

14. I do 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 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 Sprague* DATE: **4/20/97** DAYTIME PHONE: **561-624-8907**

C/P2E037 (9/96)