2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N05149 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name JUNO OCEAN WALK CONDOMINIUM ASSOCIATION, INC. 08-08-2000 90004 020 ****61.25 Principal Place of Business Mailing Address 900 JUNO OCEAN WALK 4300 SOUTH US #1 **SUITE 203 BOX 169** JUNO BEACH FL 33408 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0046104 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEVINE, JAY S ESQ. 2500 N. MILITARY TRAIL STE 23 490 Zip Code City **BOCA RATON FL 33431** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE J 14 9 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State** After September 13, 2000 min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 1 11/4 11. JAMES SMITH, DIRECTOR TITLE ☐ Delete TITLE NAME L'ABBE, AILEEN NAME 900 JUNO OCEAN WALK A42 STREET ADDRESS 900 JUNO OCEAN WALK #A86 STREET ADDRESS JUNO BLACK, FL 33408 CITY-ST-ZIP CITY-ST-ZIP JUNO BCH FL 33408 DOROTHY A. TALLAFETTO, SACY. Change ★ Addition TITLE TITLE **X** Delete SOUCY, GILLES 900 NON DOWN WACK, FIZ NAME NAME STREET ADDRESS STREET ADDRESS 900 JUNO OCEAN WALK #F13 JUNG BRACH, FL 33408 CITY-ST-ZIE CITY-ST-ZIP JUNO BCH FL 33408 ☐ Delete DV COLUMN TD Statition TITLE TITL F GEELHOED, GERARO L. NAME NAME STREET ADDRESS STREET ADDRESS 2596 ROLLING RIDGE NW CITY-ST-ZIP CITY-ST-ZIP Walker Mi PD Change Addition TITLE ☐ Defete TITLE MARTHA ESKUCHE GREENE, LILLIAN M NAME NAME 00 JUNO OCEAN WALK STREET ADDRESS 900 JUNO OCEAN WALK F-17 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JUNO BEACH FL ☐ Delete TITLE Change ■ Addition 13 . 15 WIGGERS, ANDY NAME NAME STREET ADDRESS 900 JUNO OCEAN WALK E19 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH FL 33408 TITLE **D**elete Change ■ Addition HEIGHT, CARL L NAME NAME STREET ADDRESS STREET ADDRESS 100 COUNTH CT BLVD, #403 CITY-ST-ZIP CITY-ST-ZIP **BRAMPTON ONTARIO CA** 12. I 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

SIGNATURE: _____

changed, or on an attachment with an address, with all other like empowered

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

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

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561-624-8909

CR2E037 (5/