

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90037 023 ****61.25

DOCUMENT # N05149
 1. Entity Name
JUNO OCEAN WALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
900 JUNO OCEAN WALK **4300 SOUTH US #1**
JUNO BEACH FL 33408 **SUITE 203 BOX 169**
US **JUPITER FL 33477**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0046104 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEVINE, JAY S ESQ.
2500 N. MILITARY TRAIL
STE 275
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME SD L'ABBE, AILEEN STREET ADDRESS 900 JUNO OCEAN WALK #A86 CITY-ST-ZIP JUNO BCH FL 33408	<input type="checkbox"/> Delete
TITLE NAME TD SOUCY, GILLES STREET ADDRESS 900 JUNO OCEAN WALK #F13 CITY-ST-ZIP JUNO BCH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME TD D/D GEELHOED, GERARO L STREET ADDRESS 2596 ROLLING RIDGE NW CITY-ST-ZIP WALKER MI	<input type="checkbox"/> Delete
TITLE NAME TD D GREENE, LILLIAN M STREET ADDRESS 900 JUNO OCEAN WALK F-17 CITY-ST-ZIP JUNO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME TD D WIGGERS, ANDY STREET ADDRESS 900 JUNO OCEAN WALK E19 CITY-ST-ZIP JUNO BEACH FL 33408	<input type="checkbox"/> Delete
TITLE NAME D HEIGHT, CARL L STREET ADDRESS 100 COUNTH CT BLVD, #403 CITY-ST-ZIP BRAMPTON ONTARIO CA	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME VP/D DOROTHY TALIAFERRO STREET ADDRESS 900 JUNO OCEAN WALK F12 CITY-ST-ZIP JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME T/D JAMES SMITH STREET ADDRESS 900 JUNO OCEAN WALK A42 CITY-ST-ZIP JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D MARTHA ESKUCHEN STREET ADDRESS 900 JUNO OCEAN WALK C28 CITY-ST-ZIP JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Carl L Height*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)