2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

| AIIIOAE ILLI VII. | | | | | | Secretary of State | | | |
|--|--|--|-----------------------------|--|--|--------------------|------------------------|----------------|--|
| 1. Entity Nam | MENT # N05149 EAN WALK CONDOMINIU | | | | 095 019 ****6: | | | | |
| Principal Plac 900 JUNO O JUNO BEACH | CEAN WALK | Mailing Address 4300 SOUTH US #1 SUITE 203 BOX 169 JUPITER, FL 33477 | | | Then we remove the contraction of the contraction | | | | |
| 2. Principal P | Hace of Business - No P.O. Box # | 3. Mailing Address 900 Juno Ocean Walk | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 03162007 _C | hg-NP | CR2E037 (12/06 |) | |
| City & Stat | e | Juno Beach, Fr | | | 4. FEI Number Applied For 65-0046104 Not Applicable | | | | |
| Zip | Country | 33488 | Country | 5A | 5. Certificate of S | tatus Desired | □ \$8.75 A Fee Requ | | |
| | 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | Name | | | | | | |
| DICKER, EDWARD ESQ 1818 AUSTRALIAN WAY SOUTH STE 400 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| WEST PA | LM BEACH, FL 33409 | | | | | | | | |
| *** | | | | City FL Zip Code | | | | | |
| 8. The above | named entity submits this statement for | r the purpose of changing | its registered office | or register | ed agent, or both, in | the State of Flori | da. I am familiar wi | th, and accept | |
| the obligated in the street of | tions of registered agent. | and title if applicable. (N | OTE: Registered Agent sign | ature required | (when reinstating) | | DATE | | |
| | Filling Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DI | RECTORS | 11. | / | ADDITIONS/CHANG | SES TO OFFICER | S AND DIRECTORS | IN 10 | |
| TITLE | SD | ☐ Delete | TITLE | 210 | sident | | ☐ Chang | e 🗹 Addition | |
| NAME | L'ABBE, AILEEN | | NAME | | Tasenh | | | ~ | |
| STREET ADDRESS | 900 JUNO OCEAN WALK #A86 | | STREET ADDRESS | Vic | Juno oc | es a While | • | | |
| CITY-ST-ZIP | JUNO BCH, FL 33408 | | CITY-SI-ZIP | 1 900 | Juno Co | 2 334 | næ næ | | |
| | | | | 121 | no Bon, 1 | | | - 1 and | |
| TITLE | D CONTED OF ENDING | ☐ Delete | TITLE | . ماکرا | . do Blanc | hetto. | Chang | e 🔀 Addition | |
| NAME CTREET ADDRESS | HOOVER, GLENN A P.O. BOX 808 | | NAME STREET ADDRESS | 200 | ide Blanc | on walk | • | | |
| STREET ADDRESS CITY-ST-ZIP | MCPHERSON, KS 67460 | | CITY-ST-ZIP | 1900 | no Bunita | _ 334 | na | | |
| | | | | 1000 | י דווטט טו | | | *** | |
| TITLE | TD | ☐ Delete | TITLE | TD | Frank | | ☐ Chang | e 🗶 Addition | |
| NAME STREET ADDRESS | HARPER, WILLIAM R 900 JUNO OCEAN WALK #6 | | NAME STREET ADDRESS | יוטע | TION 0(00 | in walk | | | |
| CITY-ST-ZIP | JUNO BEACH, FL 33408 | | CITY-ST-ZIP | 1400 | 100 Belo | 5 3341 | B | | |
| | <u> </u> | | | Ju | Juno Ocea no Boh, | <u> </u> | | | |
| TITLE | D CRANICK, FRED | Delete | TITLE | 1 | | | Chang | e 🔲 Addition | |
| NAME CYPTEY ADOPTED | 1 ' | | NAME CTOCET ADODESCS | | | | | | |
| STREET ADORESS CITY-ST-ZIP | 900 JUNO OCEAN WALK E-14 JUNO BEACH, FL 33408 | | STREET ADDRESS CITY-ST-ZIP | 1 | | | | | |
| | JUNU BEAUTI, FL 33406 | | | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Chang | e 🗌 Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | . } | | | | | |
| STREET ADDRESS | 1 | | CITY-ST-ZIP | ' | | | | | |
| CITY-ST-ZIP | | | | | · , | | | FF | |
| TITLE | | ☐ Delete | TITLE | 1 | | | Chang | je 🛅 Addition | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of 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.

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

2/19/0 > 5016227500 Date Daytime Prone #