

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47188

1. Entity Name

THE BEACHFRONT AT JUNO CONDOMINIUM ASSOCIATION,

Principal Place of Business

530 OCEAN DRIVE  
JUNO BEACH FL 33408  
US

Mailing Address

530 OCEAN DRIVE  
JUNO BEACH FL 33408-1946  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0398455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEROLA, JAMES R  
11380 PROSPERITY FARMS ROAD  
SUITE 204  
PALM BEACH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Delete  
NAME KLAUS, JEAN  
STREET ADDRESS 530 OCEAN DR., #104  
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME COLBY, JOE  
STREET ADDRESS 530 OCEAN DR.  
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Change ☒ Addition  
NAME SHEILA BUDNICK  
STREET ADDRESS 530 OCEAN DR APT 1102  
CITY-ST-ZIP JUNO BCH, FL 33408

TITLE PD ☐ Delete  
NAME MESSLER, TOM  
STREET ADDRESS 530 OCEAN DR. #701  
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME CONDON, CHRISTA  
STREET ADDRESS 530 OCEAN DR APT 305  
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Christa Condon, Trustee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christa Condon 4/13/2000 561-626-0814  
Date Daytime Phone #

FILED  
Apr 20, 2000 8:00 am  
Secretary of State

04-20-2000 90052 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)