

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47188

1. Entity Name

THE BEACHFRONT AT JUNO CONDOMINIUM ASSOCIATION.

Principal Place of Business

Mailing Address

530 OCEAN DRIVE
JUNO BEACH FL 33408
US

530 OCEAN DRIVE
JUNO BEACH FL 33408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

☐ Delete

TITLE PV/TD
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE SD
NAME BUONKK, SHEILA
STREET ADDRESS 530 OCEAN DRIVE APT. 1102
CITY-ST-ZIP JUNO BEACH FL 33408

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

5/6/01

561/626-0314

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90393 002 ****61.25

80057649



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0398455

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)