
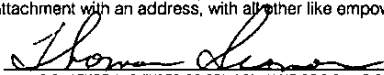


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90311 020 \*\*\*\*61.25

<b>DOCUMENT # N47188</b> 1. Entity Name <b>THE BEACHFRONT AT JUNO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>530 OCEAN DRIVE</b> <b>JUNO BEACH, FL 33408 US</b>			Mailing Address <b>530 OCEAN DRIVE</b> <b>JUNO BEACH, FL 33408 US</b>		
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 <b>65-0398455</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIRECTOR, KENNETH S ESQ</b> <b>C/O BECKER &amp; POLOAKOFF</b> <b>500 AUSTRALIAN AVE SO 9TH FLOOR</b> <b>WEST PALM BEACH, FL 33467</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLAUS, JEAN		NAME	MURRAY COHEN	
STREET ADDRESS	530 OCEAN DR., #1104		STREET ADDRESS	530 OCEAN DR. # 501	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO BCH, FL 33408	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDNICK, SHEILA		NAME	KELLY HARRIS	
STREET ADDRESS	530 OCEAN DRIVE APT. 1102		STREET ADDRESS	530 OCEAN DR APT #405	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO BCH, FL 33408	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRINGTON, BETH		NAME	TOM SEAMON	
STREET ADDRESS	530 OCEAN DRIVE		STREET ADDRESS	530 OCEAN DR APT # 305	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIDEK, MILO		NAME	MIKE BURMAN	
STREET ADDRESS	530 OCEAN DRIVE		STREET ADDRESS	530 OCEAN DR APT #702	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			<b>4/15/05</b> <b>561/626-0314</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		