

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47188

FILED
Jan 23, 2008
Secretary of State

Entity Name: THE BEACHFRONT AT JUNO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

530 OCEAN DRIVE
JUNO BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

530 OCEAN DRIVE
JUNO BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0398455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIRECTOR, KENNETH S ESQ
BANK OF AMERICA CENTER
625 N. FLAGLER DR. 7TH FL
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRIS, KELLY
Address: 530 OCEAN DR. #405
City-St-Zip: JUNO BEACH, FL 33408 US

Title: VP () Delete
Name: MARK, MOLLICA
Address: 530 OCEAN DR. # 201
City-St-Zip: JUNO BEACH, FL 33408 US

Title: T () Delete
Name: NADER, ROBERT
Address: OCEAN DR. #802
City-St-Zip: JUNO BEACH, FL 33408 US

Title: S () Delete
Name: KRISTINE, WELLS
Address: 530 OCEAN DRIVE APT#305
City-St-Zip: JUNO BEACH, FL 33408 US

Title: D () Delete
Name: MURRAY, COHEN
Address: 530 OCEAN DRIVE #501
City-St-Zip: JUNO BEACH, FL 33408 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARK, MOLLICA
Address: 530 OCEAN DR. #201
City-St-Zip: JUNO BEACH, FL 33408 US

Title: VP (X) Change () Addition
Name: MURRAY, COHEN
Address: 530 OCEAN DR. # 501
City-St-Zip: JUNO BEACH, FL 33408 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOHN, GLIDDEN
Address: 530 OCEAN DRIVE #203
City-St-Zip: JUNO BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MOLLICA

PRES

01/23/2008

Electronic Signature of Signing Officer or Director

Date