

**FILE NOW ... FEE AFTER MAY 1 1995 \$5.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. ... Secretary  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:01

**DOCUMENT # N94000005603 (5)**

1. Corporation Name

**THE WATERFRONT ON THE OCEAN AT JUNO BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

800 OCEAN DR  
JUNO BEACH FL 33408

800 OCEAN DR  
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

11/14/1994

4. FEI Number

05-0550971

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

City & State

City & State

23

28

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**\$68.75 Supplemental Fee Not Required**

Zip

County

Zip

County

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, ERIC  
901 US HWY ONE  
SUITE 1  
JUNO BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signatures typed in parentheses if registered agent for fee of \$44.00)

(Print the name of the registered agent if registered agent for fee of \$44.00)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 12:

TITLE	DPST
NAME	SARKELA, RODNEY
STREET ADDRESS	901 US HWY ONE SUITE 1
CITY, ST, ZIP	JUNO BEACH FL 33408
TITLE	<del>D</del>
NAME	<del>SEPPALA, MARTIN</del>
STREET ADDRESS	<del>901 US HWY ONE SUITE 1</del>
CITY, ST, ZIP	<del>JUNO BEACH FL 33408</del>
TITLE	D
NAME	SARKELA, JOHN
STREET ADDRESS	901 US HWY ONE SUITE 1
CITY, ST, ZIP	JUNO BEACH FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D ERIC MEYER
4.3 STREET ADDRESS	13901 US HWY ONE SUITE ONE
4.4 CITY, ST, ZIP	JUNO BEACH FL 33408
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #