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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N9400005603 (5) THE WATERFRONT ON THE OCEAN AT JUNO BEACH CONDOM INIUM ASSOCIATION, INC.					
ncipal Place of	Business	Mailing Address		e aftiten bed etere diden mager an	
00 OCEAN DR		13901 U.S. HWY ONE			
INO BEACH FL 33408		SUITE 1			
		JUNO BEACH FL 33408 US		Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 05/01/1995
				4. FEI Number	Applied Fo
Principal Place	e of Business	2a. Mailing Address		4. FET Number 65-0552506	Not Applica
		Suite, Apt. #, etc.			SR 75 Additional
Suite, Apt. #,	etc.	27 Suite, Apr. #, etc.		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Uny a state		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		or intangible tax under s. 199.032,
•	25	29	30	Florida Statutes 10. Name and Address of Nev	
	9. Name and Address of Curre	ent Registered Agent	81 Name /		
			11 (HARA, PATRIC	CK M
MEYER, E			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
901 US HWY ONE SUITE 1		83	83 STE 100		
		5			
	ACH FL 33408		84 City	Vest Palm Beach	FL 85 Zip Code 3340
			<u>_</u>	aration submite this statement for the	purpose of changing its registered
i. Pursuant to	the provisions of Sections 617.05	602 and 617,1508, Florida Statute orida. Such change was authorize	es, the above-named corp ed by the corporation's bo	pard of directors. I hereby accept the a	appointment as registered agent. I a
 Pursuant to or registere familiar with 	o the provisions of Sections 617.05 ad agent, or both, in the State of Fi n, and accept the obligations of Se	one and 617.1508, Florida Statute orida. Such change was authorize ection 617.9509, Florida Statutes.	es, the above-named corp ed by the corporation's bo	oard of directors. I hereby accept the a	appointment as régistered agent. La
CNÂTHE	11	ml /		oration submits this statement for the bard of directors. Thereby accept the a	appointment as régistered agent. La
GNÁTURE _	Signature, types or printed name of Cystered as	gan, and title if applicable (NO	TE Registered Agent signature requ	ired when renstating	OFFICERS AND DIRECTORS IN 12
GNÁTURE _	Signature, types or printed in that distributed as	and intelligation (NO		ired when renstating	the 11 to
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3-8-96 407-625-0508

Date Daytone Phone #