

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90059 042 ****70.00

DOCUMENT # N94000005603

1. Entity Name

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

Principal Place of Business

800 OCEAN DR
 JUNO BEACH FL 33408

Mailing Address

1200 US HWY ONE
 #E
 NORTH PALM BEACH FL 33408
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0552506**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAIRMAN, ARNOLD
800 OCEAN DRIVE
APT 203
JUNO BEACH FL 33408

Name
FRANK RIZZO
 Street Address (P.O. Box Number is Not Acceptable)

800 OCEAN DR.

City **JUNO BEACH,** State **FL** Zip Code **33408**

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

Frank Rizzo President 4/2/02

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	VD	<input type="checkbox"/> Delete
NAME	RIZZO, FRANK	
STREET ADDRESS	800 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MYERSON, DANIEL	
STREET ADDRESS	800 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STAIRMAN, ARNOLD	
STREET ADDRESS	800 OCEAN DRIVE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENDINI, MARY	
STREET ADDRESS	800 OCEAN DR	
CITY-ST-ZIP	JUNO BCH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FABBICATORE, JAMES	
STREET ADDRESS	800 OCEAN DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, DAVID	
STREET ADDRESS	800 OCEAN DRIVE	
CITY-ST-ZIP	JUNO BEACH FL 33408	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FRANKLIN KRUM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID BELL	
STREET ADDRESS	800 OCEAN DR.	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	JAMES FABBICATORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 OCEAN DR.	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	ASST SEC/TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH FAZIO	
STREET ADDRESS	800 OCEAN DR.	
CITY-ST-ZIP	JUNO-BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE REQUIRED

4/2/02 561-626-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #