

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N94000005603

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

Current Principal Place of Business:

800 OCEAN DR
JUNO BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

1200 US HWY ONE
SUITE E
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0552506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OPC MANAGEMENT, INC
1200 US HWY 1
STE E
NORTH PALM BEACH, FL 33408 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: TD () Delete
Name: RIZZO, FRANK
Address: 800 OCEAN DR
City-St-Zip: JUNO BEACH, FL 33408

Title: PD () Delete
Name: KATHLEEN, SCHOEMAKER
Address: 800 OCEAN DR
City-St-Zip: JUNO BEACH, FL 33408

Title: VPD () Delete
Name: BELL, DAVID
Address: 800 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL

Title: SD () Delete
Name: BRUAN, THOMAS
Address: 800 OCEAN DR
City-St-Zip: JUNO BCH, FL 33408

Title: D () Delete
Name: FAZIO, JOSEPH
Address: 800 OCEAN DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: FARHADI, AMIR
Address: 800 OCEAN DR
City-St-Zip: JUNO BEACH, FL 33408

Title: VPD (X) Change () Addition
Name: KATHLEEN, SCHOEMAKER
Address: 800 OCEAN DR
City-St-Zip: JUNO BEACH, FL 33408

Title: PD (X) Change () Addition
Name: BELL, DAVID
Address: 800 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL

Title: SD (X) Change () Addition
Name: BRAUN, THOMAS
Address: 800 OCEAN DR
City-St-Zip: JUNO BCH, FL 33408

Title: D (X) Change () Addition
Name: FABBRICATORE, JAMES
Address: 800 OCEAN DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

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: THOMAS BRAUN

SECY

04/30/2009

Electronic Signature of Signing Officer or Director

Date