


**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90988 042 \*\*\*\*70.00

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N94000005603</b>			
1. Entity Name <b>THE WATERFRONT ON THE OCEAN AT JUNO BEACH CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>800 OCEAN DR JUNO BEACH FL 33408</b>		Mailing Address <b>1200 US HWY ONE #E NORTH PALM BEACH FL 33408 US 1</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0552506</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>STAIRMAN, ARNOLD 800 OCEAN DRIVE APT 203 JUNO BEACH FL 33408</b>		7. Name and Address of New Registered Agent Name: <b>MARCELLA BROWN</b> Street Address (P.O. Box Number is Not Acceptable): <b>1200 US HWY 1 STE E</b> City: <b>FL</b> Zip Code: <b>33408</b> <b>NORTH PALM BEACH</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Marcella Brown</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
FILE NOW: FEE IS \$61.25		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>PD</b>	NAME: <b>RIZZO, FRANK</b>	TITLE: <b>ASST. SECRETARY/ASST TREASURE DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>800 OCEAN DR</b>	CITY-ST-ZIP: <b>JUNO BEACH FL 33408</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>STD</b>	NAME: <b>FRANKLIN, KRUM</b>	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>800 OCEAN DR</b>	CITY-ST-ZIP: <b>JUNO BEACH FL 33408</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>VP</b>	NAME: <b>BELL, DAVID</b>	TITLE: <b>PRESIDENT - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>800 OCEAN DRIVE</b>	CITY-ST-ZIP: <b>JUNO BEACH FL</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>D</b>	NAME: <b>FABBRICATORE, JAMES</b>	TITLE: <b>VICE PRESIDENT - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>800 OCEAN DR</b>	CITY-ST-ZIP: <b>JUNO BCH FL 33408</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>TD</b>	NAME: <b>FAZIO, JOSEPH</b>	TITLE: <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>800 OCEAN DRIVE</b>	CITY-ST-ZIP: <b>NORTH PALM BEACH FL 33408</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	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)(f), 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 information.			
SIGNATURE: <i>John M. Bell</i>		Date: <b>4/21/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

**55047344**



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)