

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90021 039 \*\*\*\*61.25

**DOCUMENT # 714654**

1. Corporation Name

**JUNO ISLES CIVIC ASSOCIATION, INC.**

Principal Place of Business

JUNO ISLES CIVIC ASSOCIATION  
PO BOX 14421  
NORTH PALM BEACH FL 33408  
US

Mailing Address

JUNO ISLES CIVIC ASSOCIATION  
P.O. BOX 14421  
NORTH PALM BEACH FL 33408  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

**05/24/1968**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

HARRIS, GEORGE E., ESQ.  
HARRIS, KUKEY & HELGESEN, P.A.  
11380 PROSPERITY FARMS ROAD, SUITE 201  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE  
NAME **HAMILTON, RONALD W**  
STREET ADDRESS **1888 ASCOTT RD**  
CITY-ST-ZIP **JUNO ISLES FL**

TITLE **D** ☐ DELETE  
NAME **RYFF, JOHN**  
STREET ADDRESS **1844 ASCOTT ROAD**  
CITY-ST-ZIP **JUNO ISLES FL**

TITLE **PD** ☒ DELETE  
NAME **CRONE, RONALD**  
STREET ADDRESS **1874 ASCOTT ROAD**  
CITY-ST-ZIP **JUNO ISLES FL**

TITLE **D** ☐ DELETE  
NAME **WAGNER, FRANK**  
STREET ADDRESS **1891 JUNO ISLES BLVD**  
CITY-ST-ZIP **JUNO ISLES FL**

TITLE **SD** ☒ DELETE  
NAME **PAULUS, PAM**  
STREET ADDRESS **1968 JUNO ISLES BLVD**  
CITY-ST-ZIP **JUNO ISLES FL**

TITLE **VD** ☒ DELETE  
NAME **THIEMANN, DAVID**  
STREET ADDRESS **12904 PACKWOOD RD**  
CITY-ST-ZIP **JUNO ISLES FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition  
1.2 NAME **William Waylett**  
1.3 STREET ADDRESS **12698 Ellison Wilson Rd**  
1.4 CITY-ST-ZIP **Juno Isles FL**

2.1 TITLE **President** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VP** ☐ Change ☒ Addition  
3.2 NAME **Tom Morris**  
3.3 STREET ADDRESS **1867 Tudor Rd**  
3.4 CITY-ST-ZIP **Juno Isles, FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **SD** ☐ Change ☒ Addition  
5.2 NAME **Kim Bright**  
5.3 STREET ADDRESS **2102 Radnor Rd.**  
5.4 CITY-ST-ZIP **Juno Isles FL**

6.1 TITLE **Treasurer** ☐ Change ☒ Addition  
6.2 NAME **Orlando Maiorana**  
6.3 STREET ADDRESS **1713 Juno Isle Blvd**  
6.4 CITY-ST-ZIP **Juno Isles, FL**

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/99 (561) 625-3483**

CR2E037 (11/98)