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

## **DOCUMENT # 728110**

1. Entity Name

JUNO BY THE SEA NORTH CONDOMINIUM ASSOCIATION (T HE SURF), INC.



## **FILED** Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90127 015 \*\*\*\*61.25

Principal Place of Business 900 OCEAN DR			Mailing Address 900 OCEAN DR									
JUNO BEACH FL 33408			JUNO BEACH FL 33408									
										<b>           </b>	(1 <b>(10)</b> (10)	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.									
Suite, Apr.	#, etc.	·	Suite, Apt. #, etc.				П	CHECK HERE I	F MAKING	CHANGES		
City & State		ì	City & State				4. FEI Number 59-1548204			<b>→</b>	oplied For ot Applicable	
Zip		Country	Zip	Cou	ntry		5. Certificate of	Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
A State of the sta					Name							
FENTON, SANDRA J				Street Address			(P.O. Box Number is Not Acceptable)					
900 OCEAN DRIVE JUNO BEACH FL 33408				-								
SOITO DE	A0111E 00400				07.					Tin Cod		
					City				FL	Zip Cod	3	
			the purpose of changing its	registere	ed office or re	registered	d agent, or both, i	n the State of Floi	rida. I am f	amiliar with,	and accept	
the obligat	ions of registered	agent.										
SIGNATURE .												
		ed name of registered agent an	d title if applicable. (NOT)	E: Registered	Agent signature	e required w	hen reinstating)		DATE			
					-				<u></u>	,		
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
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10.		OFFICERS AND DIRE	ECTORS	11.			DDITIONS/CHAN	GES TO OFFICER	RS AND DIF	RECTORS IN	10	
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	SD ROEHL, ROBE 900 OCEAN DI	RT RIVE	☐ Delete	CITY- TITLE NAME	ST-ZIP	3UN	o Beach Preside	H 334	08_	(Change	☐ Addition	
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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 WILLIAMC

SIGNATURE:

JONES.

(561)627-8230