

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 726579

**Entity Name:** JUNO BEACH CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

340 OCEAN DR  
JUNO BEACH, FL 33408

**Current Mailing Address:**

340 OCEAN DR  
JUNO BEACH, FL 33408

**FEI Number: 23-7441300**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HAMILTON, DONNA  
340 OCEAN DR  
JUNO BEACH, FL 33408 US

*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: DONNA HAMILTON**

**12/01/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAMILTON        , DONNA  
Address         340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408

Title            VP  
Name            BANKER, CHRIS  
Address         340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408

Title            TREASURER  
Name            FLAHERTY, LAUREN  
Address         340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408

Title            SECRETARY  
Name            GILL, SOFIA  
Address         340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408

Title            DIRECTOR  
Name            GLYNN, JERI  
Address         340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408

Title            DIRECTOR  
Name            O'SHEA, ANN  
Address         340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408

Title            DIRECTOR  
Name            NEBEL, KAREN  
Address         340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408

Title            DIRECTOR  
Name            GILL, JAMES  
Address         340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408

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*I hereby 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 all other like empowered.*

**SIGNATURE: DONNA HAMILTON**

**PRESIDENT**

**12/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            VAN IDERSTINE, CONNIE  
Address        340 OCEAN DR  
City-State-Zip: JUNO BEACH FL 33408