## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #721963**

1. Entity Name



## FILED Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90091 011 \*\*\*\*61.25

E. Principal Place of Business - No P.O. Box #   3. Mailing Address    Suite, Apt. #, etc.   01242007 Chg. NP CR2E037 (12/06)  Suite, Apt. #, etc.   01242007 Chg. NP CR2E037 (12/06)  Chy & State   Chy & State   F. Filt-Number   Sp. 1420702   No. 14. Applied For Sp. 14. Applied For Sp. 1420702   No. 14. Applied For Sp. 14. Applied For	JUNO BY	THE SEA CONDOMINIUM	I ASSOCIATION, I	NC.							
Suite, Apt #, etc.	630 OCEAN DR. 630		630 OCEAN DR.	30 OCEAN DR.		,	DANTITO	b			
Suite, Apt #, etc.											
City & State    City & State   City & State   City & State   September   Septe	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Security	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01242007 Ch	ig-NP C	R2E037 (12/06)			
S. Certificate of Salus Desired   Fee Required   Fe	City & State	e	City & State	City & State			2		•		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired (				
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the florida. I am familiar with, and accept the obligations of registered agent.  FILING Florida Department of registered agent and the floridation.  FILING Florida Department of State  10. OFFICERS AND DIRECTORS  INTEL STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  GRANT, ARDIS P.  GRANT, ARD		6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regis	stered Agent			
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  6. 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  SIGN	GRANT, A	RDIS P		Name							
B. 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  SYMME. Speaker. Spead or pursed name of registered agent and title if spokeable.  (NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  (NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILING Foe is \$61.25  Due by May 1, 2007  FILING Foe is \$61.25  Due by May 1, 2007  Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME  GRANT, ARDIS P  SIRRET ADDRESS  GITY-ST-2P  NORTH-PALMI BEACH, FL 33408  SIRRET ADDRESS  SIRRET	630 OCEAN DR., #203 NORTH PALM BEACH, FL 33408			Street A	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu				City			·	Zip Code	•		
SIGNATURE    Signature. Typed or printed name of registered agent and side if applicable.   (NOTE Registered Agent agentary required when remaiting)   DATE	8. The above	named entity submits this statement for	or the purpose of changing	g its registered office o	r registered	d agent, or both, in	 the State of Florida		and accept		
Part	the obligat	tions of registered agent.			-	_			,		
Part	SIGNATURE										
Trust Fund Contribution.   Added to Fees   Florida Department of State	OIGHT TOTAL	Signature, typed or printed name of registered agent	and title if applicable.	NOTE: Registered Agent signat	tura required w	rhen reinstating)		DATE			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	CITY-ST-ZIP TITLE NAME STREET ADDRESS	SANDWICH, MA 02563  D KOENIG, KEN 500 OCEAN DR. # A7W		TITLE NAME STREET ADDRESS				. Change	Addition		

Thereby certify that the information supplied with this riting does not quality for the exemptions contained in unapplier 119, 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 empowered.

SIGNATURE: Ondin P.	Grant	Ardis P Grant	1/31	107 626.	- 1436
SIGNATURE AND TYPED OR PRI	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				one #