

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90091 011 ****61.25

DOCUMENT # 721963

1. Entity Name
JUNO BY THE SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**630 OCEAN DR.
JUNO BEACH, FL 33408**

Mailing Address
**630 OCEAN DR.
JUNO BEACH, FL 33408**

00011100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1420702

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, ARDIS P
630 OCEAN DR., #203
NORTH PALM BEACH, FL 33408**

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **GRANT, ARDIS P**
STREET ADDRESS **630 OCEAN DR., #203**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408 Juno Bch**

TITLE **VP** ☐ Delete
NAME **LLORENS, HECTOR**
STREET ADDRESS **630 OCEAN DR APT 312**
CITY-ST-ZIP **JUNO BEACH, FL**

TITLE **P** ☐ Delete
NAME **SESSA, LOUIS**
STREET ADDRESS **630 OCEAN DR 507**
CITY-ST-ZIP **JUNO Bch, FL 33408**

TITLE **T** ☐ Delete
NAME **CARTIER, G W**
STREET ADDRESS **630 OCEAN DR 301**
CITY-ST-ZIP **JUNO BEACH, FL**

TITLE **D** ☐ Delete
NAME **WAITEKUNAS, DENNIS**
STREET ADDRESS **PO BOX 350**
CITY-ST-ZIP **SANDWICH, MA 02563**

TITLE **D** ☐ Delete
NAME **KOENIG, KEN**
STREET ADDRESS **500 OCEAN DR. # A7W**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **DRUCKER, Eugene** Same AS
STREET ADDRESS **228 Lockwood Road** LAST year
CITY-ST-ZIP **Syracuse, NY 13214**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Ardis P. Grant **Ardis P Grant**

Date

Daytime Phone #

1/31/07 626-1436