2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 721963

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

Current Principal Place of Business:

630 OCEAN DR.
JUNO BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

630 OCEAN DR.
JUNO BEACH, FL 33408

New Mailing Address:

FEI Number: 59-1420702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRANT, ARDIS P
630 OCEAN DR. #203
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DICKINSON, THOMAS	
Address:	630 OCEAN DR. #208	
City-St-Zip:	JUNO BEACH, FL 33408	
Title:	VP	( ) Delete
Name:	LLORENS, HECTOR	
Address:	630 OCEAN DR APT 312	
City-St-Zip:	JUNO BEACH, FL	
Title:	P	( ) Delete
Name:	SESSA, LOUIS	
Address:	630 OCEAN DR 507	
City-St-Zip:	JUNO BCH, FL 33408	
Title:	T	( ) Delete
Name:	CARTIER, G W	
Address:	630 OCEAN DR 301	
City-St-Zip:	JUNO BEACH, FL	
Title:	D	( ) Delete
Name:	WAITEKUNAS, DENNIS	
Address:	PO BOX 350	
City-St-Zip:	SANDWICH, MA 02563	
Title:	D	( ) Delete
Name:	KOENIG, KEN	
Address:	630 OCEAN DR. #510	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUIS SESSA P 02/11/2009

Electronic Signature of Signing Officer or Director — Date