


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90029 027 \*\*\*\*61.25

<b>DOCUMENT # 725426</b>					
<b>1. Entity Name</b> JUNO BY THE SEA NORTH CONDOMINIUM ASSOCIATION (THE TOWER), INC.					
<b>Principal Place of Business</b> 840 OCEAN DRIVE JUNO BEACH, FL 33408			<b>Mailing Address</b> 840 OCEAN DRIVE JUNO BEACH, FL 33408		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1533490	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MUNN, RONALD 840 OCEAN DRIVE APT 1101 JUNO BEACH, FL 33408			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANLEY, CLIFFORD		NAME	DANLEY, CLIFFORD	
STREET ADDRESS	840 OCEAN DR PH-D		STREET ADDRESS	840 OCEAN DR PH-D	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO Bch., FL 33408	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNN, RONALD		NAME	MUNN, RONALD	
STREET ADDRESS	840 OCEAN DR #1101		STREET ADDRESS	840 OCEAN DR # 1101	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO Bch, FL 33408	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBIN, MARK		NAME	ENDRES, KENNETH	
STREET ADDRESS	840 OCEAN DR #106		STREET ADDRESS	840 OCEAN DR # PHC	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO Bch, FL 33408	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENDRES, KENNETH		NAME	SUPERCHI, PHILOMENA	
STREET ADDRESS	840 OCEAN DR		STREET ADDRESS	840 OCEAN DR # 605	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO Bch, FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGER, HANK		NAME	ASST. TREASURER	
STREET ADDRESS	840 OCEAN DR #901		STREET ADDRESS	840 OCEAN DR	
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP	JUNO Bch, FL 33408	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUPERCHI, PHILOMENA		NAME		
STREET ADDRESS	840 OCEAN DR #605		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Philomena Superchi</i> (Philomena Superchi)			2/6/08    561-694-0268		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		