

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 726579

1. Entity Name
JUNO BEACH CIVIC ASSOCIATION, INC.



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

Mailing Address
**340 OCEAN DR
JUNO BEACH, FL 33408**



01142006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7441300

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOYLE, THOMAS B
405 A SEA OATS DRIVE
NORTH PALM BEACH, FL 33408-1456**

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MILLER, ANN
204 A SEA OATS DRIVE
JUNO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ELLIOTT, OWEN
2030 SEA OATS DR
JUNO BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DOYLE, TOM
405 A SEA OATS DR
JUNO BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREENE, WILLIAM
391 JUPITER LANE
JUNO BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAYNE, EMMY
406 H SEA OATS DR
JUNO BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ESKEW, TERESA
184 RIDGE RD
JUNO BEACH, FL 33408**

000000335894
01/27/06-80011-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas B. Doyle, Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/2006 561-624-487