2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2008 8:00 am Secretary of State **DOCUMENT #726579** 1. Entity Name 04-25-2008 90149 027 ****61.25 JUNO BEACH CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 340 OCEAN DR 340 OCEAN DR JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chg-NP CR2E037 (12/06) 4. FEI Number 23-7441300 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOYLE, THOMAS B 405 A SEA OATS DRIVE Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH, FL 33408-1456 City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Ďν TITLE ☐ Delete TITLE ■ Addition NAME MILLER, ANN NAME 204 A SEA OATS DRIVE STREET ADDRESS STREET ADDRESS JUNO BEACH, FL. CITY-ST-ZIP CiTY-ST-7IP DT TITLE Delete TITLE ☐ Change ☐ Addition DOYLE, TOM NAME NAME STREET ADDRESS 405 A SEA OATS DR STREET ADDRESS CITY-ST-ZIP JUNO BEACH, FL 33408 CITY-ST-ZIP D TILE **Delete** TITLE ☐ Change Addition GREENE, WILLIAM NAME NAME Michelle Greene STREET ADDRESS 391 JUPITER LANE STREET ADDRESS 391 JUP, TERLANK, JUND BEACH FI 33408 CITY-ST-ZIP JUNO BEACH, FL 33408 CITY-ST-ZIP TITLE DΡ ☐ Delete TITLE ☐ Addition **ESKEW. TERESA** NAME NAME STREET ADDRESS 184 RIDGE RD STREET ADDRESS CITY-ST-ZIP JUNO BEACH, FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME AUDREY LARKIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 a natice-ment with a section of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the changed, or on an attachment with as

SIGNATURE:

Thomas B. Do yle TREASURER APRIL 22, 2008-561-624-4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED