

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **761820** (0)  
1. Corporation Name  
**JUNO OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**450 OCEAN DRIVE  
JUNO BEACH FL 33408**

Mailing Address  
**450 OCEAN DRIVE  
JUNO BEACH FL 33408**

|                                |                     |                     |                     |                                                                                                                                                     |  |                                                        |  |
|--------------------------------|---------------------|---------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>02/11/1982</b>                                                                                              |  | 3a. Date of Last Report<br><b>05/01/1995</b>           |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2180175</b>                                                                                                                  |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                  |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                        |  |

|                                                                                                                                  |  |  |  |                                                                                                 |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CLIVE SHRADER<br/>450 OCEAN DR., #306<br/>#402<br/>JUNO BEACH FL 33408</b> |  |  |  | 10. Name and Address of New Registered Agent                                                    |  |  |  |
|                                                                                                                                  |  |  |  | 81 Name<br><b>Raymond M. Masciarella II</b>                                                     |  |  |  |
|                                                                                                                                  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>840 U.S. Highway One, Suite 340</b> |  |  |  |
|                                                                                                                                  |  |  |  | 83                                                                                              |  |  |  |
|                                                                                                                                  |  |  |  | 84 City<br><b>North Palm Beach</b>                                                              |  |  |  |
|                                                                                                                                  |  |  |  | 85 Zip Code<br><b>FL 33408</b>                                                                  |  |  |  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and 903 if applicable. DATE **4-28-96**

| 12. OFFICERS AND DIRECTORS |      |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |           |                      |
|----------------------------|------|---------------------|-------------------------------------------------------|-----------|----------------------|
| TITLE                      | NAME | STREET ADDRESS      | 1.1 TITLE                                             | NAME      | STREET ADDRESS       |
|                            | ASD  | ANDERSON, DALE      |                                                       | ASD & ATD | LOWELL, JOHN         |
|                            |      | 450 OCEAN DR, S1104 |                                                       |           | 450 OCEAN DRIVE #502 |
|                            |      | JUNO BCH. FL        |                                                       |           | JUNO BEACH, FL 33408 |
| TITLE                      | NAME | STREET ADDRESS      | 2.1 TITLE                                             | NAME      | STREET ADDRESS       |
|                            | PD   | ELLIS, JOHN         |                                                       | PD        | SHRADER, CLIVE       |
|                            |      | 450 OCEAN DR., #603 |                                                       |           | 450 OCEAN DRIVE #305 |
|                            |      | JUNO BEACH FL       |                                                       |           | JUNO BEACH, FL 33408 |
| TITLE                      | NAME | STREET ADDRESS      | 3.1 TITLE                                             | NAME      | STREET ADDRESS       |
|                            | SD   | KEARNEY, PAT        |                                                       | SD        | ELLIS, JOHN          |
|                            |      | 450 OCEAN DR. #106  |                                                       |           | 450 OCEAN DRIVE #603 |
|                            |      | JUNO BCH FL         |                                                       |           | JUNO BEACH, FL 33408 |
| TITLE                      | NAME | STREET ADDRESS      | 4.1 TITLE                                             | NAME      | STREET ADDRESS       |
|                            | TD   | TERRIO, THOMAS      |                                                       | TD        | MCGRAW, EVELYN       |
|                            |      | 450 OCEAN DR. #104  |                                                       |           | 450 OCEAN DRIVE #906 |
|                            |      | JONU BEACH FL 33408 |                                                       |           | JUNO BEACH, FL 33408 |
| TITLE                      | NAME | STREET ADDRESS      | 5.1 TITLE                                             | NAME      | STREET ADDRESS       |
|                            | VPD  | SHRADER, CLIVE      |                                                       | VPD       | KEARNEY, BILL        |
|                            |      | 450 OCEAN DR S306   |                                                       |           | 450 OCEAN DRIVE #106 |
|                            |      | JUNO BEACH FL       |                                                       |           | JUNO BEACH, FL 33408 |
| TITLE                      | NAME | STREET ADDRESS      | 6.1 TITLE                                             | NAME      | STREET ADDRESS       |
|                            |      |                     |                                                       |           |                      |
|                            |      |                     |                                                       |           |                      |
|                            |      |                     |                                                       |           |                      |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Clive Shrader**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **6/9/96** Daytime Phone # **694-0072**

CR2E037 (12/95)