2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # 761820 Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** JUNO OCEAN CLUB CONDOMINIUM ASSOCIATION, INC. 02-28-2000 90021 022 ****61.25 Mailing Address Principal Place of Business 450 OCEAN DRIVE 450 OCEAN DRIVE JUNO BEACH FL 33408-2059 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2180175 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MASCIARELLA, RAYMOND M. II 840 U.S. HIGHWAY ONE, SUITE 340 City Zip Code N. PALM/BÉACH FL/33408 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change **VPD** PRESIDENT ☐ Addition ☐ Delete TITLE TITLE EMEIGH, JOE NAME NAME £1004 STREET ADDRESS STREET ADDRESS 450 OCEAN DR CITY-ST-ZIP CITY-ST-7/P JUNO BCH, FL 33408 Change ☐ Addition Delete TITLE TITLE PD CARL SARNACKL NAME NAME FRICKE, TOM 450 OCEAN D.C. # 706 STREET ADDRESS STREET ADDRESS 450 OCEAN DR CITY-ST-ZIP TUNO BENCH, FL. CITY-ST-ZIP JUNO BEACH FL 33408 Change ☐ Addition Delete TITLE TITI F ANTHONY MEMOLI 450 OCEAN DR +1101 NAME KNIGHT, JAMES NAME STREET ADDRESS STREET ADDRESS 450 OCEAN DR, #906 CITY-ST-ZIP Beneu, Fl. 33468 CITY-ST-ZIP JUNO BCH FL 33408 Change Change Addition TITLE SD ☐ Delete SCHRADER, JANET NAME NAME STREET ADDRESS 450 OCEAN DR, #306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JONU BEACH FL 33408 Change ☐ Addition TITLE ☐ Del ate TITLE MADDIAN, THOMAS NAME NAME #505 STREET ADDRESS STREET ADDRESS 450 OCEAN DR CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH FL 33408 ☐ Addition ☐ Delete TITLE Change TITLE 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 exemption stated in Section 119.07(3)(i), 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