2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State
07-06-2004 90120 027 ****61.25

DOCUMENT # 761820

1. Entity Name
JUNO OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
450 OCEAN DRIVE JUNO BEACH, FL 33408	450 OCEAN DRIVE JUNO BEACH, FL 33408

07012004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2180175
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, PA
500 AUSTRALLAN AVE SO., 9TH FLR
WEST PALM BEACH, FL 33401

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SARNACKI, CARL
STREET ADDRESS	450 OCEAN DR #706
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	D
NAME	SCHRADER, JANET
STREET ADDRESS	450 OCEAN DRIVE #306
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	D
NAME	CONNORS, BOB
STREET ADDRESS	450 OCEAN DR., #1203
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	SD
NAME	SPAFFORD, TRACEY
STREET ADDRESS	10282 FOX TRAIL DR SO
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	TD
NAME	HARGES, PAUL
STREET ADDRESS	450 OCEAN DRIVE #901
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	D
NAME	KOVACEVICH, VLADIMIR
STREET ADDRESS	450 OCEAN DR., #201
CITY-ST-ZIP	JUNO BEACH, FL 33408

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

SIGNATURE: Tracey L Spafford 07/02/04 561 627-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #