2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 21, 2007 8:00 am Secretary of State 06-21-2007 90024 023 ****61.25

1. Entity Nam	MENT # 761820 EAN CLUB CONDOMINIU	IM ASSOCIATION, IN	1C.	06-21-2007 90024 023 ****61.25
Principal Place of Business 450 OCEAN DRIVE JUNO BEACH, FL 33408		Mailing Address 450 OCEAN DRIVE JUNO BEACH, FL 33408		402
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 06132007 Chg-NP CR2E037 (12/06)
City & Stat	е	City & State	****	4. FEI Number Applied For 59-2180175 Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
500 AUSTRALLAN AVE SO., 9TH FLR WEST PALM BEACH, FL 33401 Street Addition 625 7th				cker & Poliakoff, P.A. Address (P.O. Box Number is Not Acceptable) 5 N. Flagler Drive h Floor st Palm Beach FL Zip Code 33401
8. The above named entity submits this pratement 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 printed name of registered agent and title of explicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee Is \$61.25 Due by September 14, 2007 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of St				
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARGES, PAUL 450 OCEAN DR #901 JUNO BEACH, FL 33408	Delete	NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFREY TRIMMER 450 DIEAN DR + 401 JUNU BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHRADER, JANET 450 OCEAN DRIVE #306 JUNO BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNORS, BOB 450 OCEAN DR., #1203 JUNO BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, JEBB N 11811 AVE OF THE PCA 1-10 PALM BEACH GARDENS, FL 3	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRIMMER, JEFFREY 450 OCEAN DR #401 JUNO BEACH, FL 33408	Ø Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO Change Addition JOHN ELLIS YST OCEAN DA # 603 TUNO BEACH FL 3340K
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROIE\GER, TRUDI 450 OCEAN DR #904 JUNO BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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 all address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #				