

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G93137** (9)

1. Corporation Name
JUNO ISLES BOAT OWNERS ASSOCIATION, INC.



Principal Place of Business: 11380 PROSPERITY FARMS ROAD, SUITE 201, P.O. BOX 31208, PALM BEACH GARDENS FL 33410
Mailing Address: 11380 PROSPERITY FARMS ROAD, SUITE 201, P.O. BOX 31208, PALM BEACH GARDENS FL 33410

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 03/26/1984
3a. Date of Last Report: 03/17/1995
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired:
6. Election Campaign Financing / Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

HARRIS, GEORGE E.
11380 PROSPERITY FARMS RD., SUITE 201
PALM BEACH GARDENS FL 33401

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 607.0505, Florida Statutes.

SIGNATURE (12) and (13) fields for Officers and Directors.

12. OFFICERS AND DIRECTORS

DT	DELETE
NAME: FOUNTIAN, HARRY T.	
STREET ADDRESS: 12899 BARROW ROAD	
CITY-STATE-ZIP: JONO ISLES FL	
DS	DELETE
NAME: USIADEK, DANIEL	
STREET ADDRESS: 1787 JUNO ISLES BLVD.	
CITY-STATE-ZIP: JUNO ISLES FL	
DP	DELETE
NAME: HOROFF, MACE	
STREET ADDRESS: 1748 ASCOTT CIRCLE	
CITY-STATE-ZIP: JUNO ISLES FL	
DELETE	DELETE
DELETE	DELETE
DELETE	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Pres./D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME: Thomas Mondik	
13 STREET ADDRESS: 1782 Tudor Rd.	
14 CITY-STATE-ZIP: Juno Isles, FL 33408	
2. TITLE: V.Pres/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: Bruce Wyman	
23 STREET ADDRESS: 1796 Tudor Rd.	
24 CITY-STATE-ZIP: Juno Isles, FL 33408	
3. TITLE: V.Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME: William Payne	
33 STREET ADDRESS: 1685 Bowood Rd.	
34 CITY-STATE-ZIP: Juno Isles, FL 33408	
4. TITLE: Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME: Leslie Bailey	
43 STREET ADDRESS: 12911 Drayton Rd.	
44 CITY-STATE-ZIP: Juno Isles, FL 33408	
5. TITLE: Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME: Dama Watterson	
53 STREET ADDRESS: 12884 Barrow Rd.	
54 CITY-STATE-ZIP: Juno Isles, FL 33408	
6. TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME: [Blank]	
63 STREET ADDRESS: [Blank]	
64 CITY-STATE-ZIP: [Blank]	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Mondik* THOMAS MONDIK 2/12/96 407-775-6332

CR2E034 (12/95)