

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # G93137 (9)**

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



Principal Place of Business <b>11380 PROSPERITY FARMS ROAD, SUITE 201                  P.O. BOX 31208                  PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>11380 PROSPERITY FARMS ROAD, SUITE 201                  P.O. BOX 31208                  PALM BEACH GARDENS FL 33410-3495</b>
---	--

3. Date Incorporated or Qualified <b>03/26/1984</b>	3a. Date of Last Report <b>03/27/1996</b>
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HARRIS, GEORGE E.  
 11380 PROSPERITY FARMS RD., SUITE 201  
 PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MONDIK, THOMAS	
STREET ADDRESS	1782 TUDOR RD	
CITY-ST-ZIP	JUNO ISLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WYMAN, BRUCE	
STREET ADDRESS	1796 TUDOR RD	
CITY-ST-ZIP	JUNO ISLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAYNE, WILLIAM	
STREET ADDRESS	1685 BOWOOD RD	
CITY-ST-ZIP	JUNO ISLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAILEY, LESLIE	
STREET ADDRESS	12911 DRAYTON RD	
CITY-ST-ZIP	JUNO ISLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATTERSON, DAMA	
STREET ADDRESS	12884 BARROW RD	
CITY-ST-ZIP	JUNO ISLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Leslie Bailey* 12/16/97 12/16/97

CR2E034 (9/96)