

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/26/1984	
4. FEI Number NOT APPLICABLE		Applied For 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"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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 FL 85 Zip Code			
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MONDIK, THOMAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1782 TUDOR RD	1.2 NAME	
STREET ADDRESS	JUNO ISLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD WYMAN, BRUCE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1796 TUDOR RD	2.2 NAME	
STREET ADDRESS	JUNO ISLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP PAYNE, WILLIAM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1685 BOWOOD RD	3.2 NAME	
STREET ADDRESS	JUNO ISLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T BAILEY, LESLIE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12911 DRAYTON RD	4.2 NAME	
STREET ADDRESS	JUNO ISLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S WATTERSON, DAMA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12884 BARROW RD	5.2 NAME	
STREET ADDRESS	JUNO ISLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* 4/30/98 41-624-897

CR2E034 (10/97)