

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

032894

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90132 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G93137

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	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 03/26/1984	4. FEI Number NOT APPLICABLE	Applied For <input 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 owes the current year Intangible Personal Property Tax. <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	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 checked="" 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		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, on an attachment with an address, with all other like empowered.

SIGNATURE Leslie J. Bailey (LESLIE J. BAILEY) TREAS 3/15/99 561-624-0197
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CRZE034 (11/98)