

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90078 023 ***150.00

DOCUMENT # G93137

1. Entity Name

JUNO ISLES BOAT OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

11380 PROSPERITY FARMS ROAD, SUITE 201
 P.O. BOX 31208
 PALM BEACH GARDENS FL 33410

11380 PROSPERITY FARMS ROAD, SUITE 201
 P.O. BOX 31208
 PALM BEACH GARDENS FL 33410-3477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, GLENN	
STREET ADDRESS	2001 ARDLEY ROAD	
CITY-ST-ZIP	JUNO ISLES FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: Leslie J. Bailey (LESLIE J. BAILEY) TREAS 3/12/2000 561-624-8197
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)