


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # G93137

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



Principal Place of Business
**11380 PROSPERITY FARMS ROAD, SUITE 201
 PALM BEACH GARDENS, FL 33410**

Mailing Address
**11380 PROSPERITY FARMS ROAD, SUITE 201
 PALM BEACH GARDENS, FL 33410**



06032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONDIK, THOMAS 1782 TUDOR RD JUNO ISLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYMAN, BRUCE 1796 TUDOR RD JUNO ISLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NASUTI, THOMAS 12954 WILTON RD JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JACKSON, JIM 12875 BARROW ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000567067
 06/12/06-80008-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Mondik **06-08-06** **561-341-4012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #