

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G93137

**FILED**  
**Apr 28, 2007**  
**Secretary of State**

**Entity Name:** JUNO ISLES BOAT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MONDIK, THOMAS  
Address: 1782 TUDOR RD  
City-St-Zip: JUNO ISLES, FL

Title: S ( ) Delete  
Name: WYMAN, BRUCE  
Address: 1796 TUDOR RD  
City-St-Zip: JUNO ISLES, FL

Title: T ( ) Delete  
Name: NASUTI, THOMAS  
Address: 12954 WILTON RD  
City-St-Zip: JUNO BEACH, FL 33408

Title: BM ( ) Delete  
Name: JACKSON, JIM  
Address: 12875 BARROW ROAD  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MONDIK

PD

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date