


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90023 050 \*\*\*\*61.25

**DOCUMENT # N02000001751**

1. Entity Name  
**JUNO DUNES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**% CAPITAL REALTY ADVISORS, INC.  
 8895 N. MILITARY TRAIL, SUITE 201-E  
 PALM BEACH GARDENS, FL 33410**

Mailing Address  
**% CAPITAL REALTY ADVISORS, INC.  
 8895 N. MILITARY TRAIL, SUITE 201-E  
 PALM BEACH GARDENS, FL 33410**



2. Principal Place of Business  
*40 Capital Realty Advisors, Inc.*

3. Mailing Address  
*11*

Suite, Apt. #, etc.  
*600 Sandtree Dr. # 109*

Suite, Apt. #, etc.  
*11*

City & State  
*Palm Beach Gardens, FL*

City & State  
*11*

Zip  
*33403*

Country  
*USA*

Zip  
*11*

Country  
*1*

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MCDONALD, DONNA  
 8895 N. MILITARY TRAIL  
 SUITE 201-E  
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent  
 Name *McDonald, Donna*  
 Street Address (P.O. Box Number is Not Acceptable)  
*600 Sandtree Dr. Suite 109*  
 City *PBG* State *FL* Zip Code *33403*

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 *Donna McDonald* DATE *4-5-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WRIGHT, LARRY E 177 N. FEDERAL HWY., BOX 240 TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PALMA, A. 12880 US HWY. 1 JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CAROL 177 N FEDERAL HWY., BOX 240 TEQUESTA, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: *Donna McDonald* DATE *4/6/04*

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