


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001751	
1. Entity Name JUNO DUNES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O JUPITER MANAGEMENT, LLC 1340 U.S. HIGHWAY #1, SUITE 102 JUPITER, FL 33469	Mailing Address C/O JUPITER MANAGEMENT, LLC 1340 U.S. HIGHWAY #1, SUITE 102 JUPITER, FL 33469
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05022007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 57-1173047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JUPITER MANAGEMENT, LLC
1340 U.S. HIGHWAY #1
SUITE. 102
JUPITER, FL 33469**

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

**Filing Fee is \$81.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, DIANA 473 JUNO DUNES WAY NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, DAVID 423 JUNO DUNES WAY JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, DENNIS 427 JUNO DUNES WAY NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKDEN, WALTER 467 JUNO DUNES WAY NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, PAUL 460 JUNO DUNES WAY JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKLE, LORETTA 409 JUNO DUNES WAY JUNO BEACH, FL 33408

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05/29/07-80048-003 61.25

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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 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: Paul Vincent Paul Vincent **5/1/07** **561-743-4607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #