

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90027 032 ****61.25

DOCUMENT # N02000009205

1. Entity Name

THE JUNIOR STREET OFFICE COMPLEX CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

763 HARLEY STRICKLAND BLVD
ORANGE CITY, FL 32763

Mailing Address

763 HARLEY STRICKLAND BLVD
ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE



07012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

33-1042751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN WARD SALZMAN ET AL
225 E ROBINSON ST STE 660
ORLANDO, FL 32802-2873

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AHUJA, RATAN K
STREET ADDRESS	759 HARLEY STRICKLAND BLVD <i>Harley</i>
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	DV
NAME	VOLTAREL, MARK L
STREET ADDRESS	751 HARLEY STRICKLAND BLVD <i>Harley</i>
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	DVST
NAME	COLLETTE, HEIDI B
STREET ADDRESS	763 HARLEY STRICKLAND BLVD <i>Harley</i>
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05 (386) 775-4467
Date Daytime Phone #