

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009271

1. Entity Name
JUNO OCEAN KEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
190 CONGRESS PARK DRIVE
SUITE 180
DELRAY BEACH, FL 33445 US

Mailing Address
190 CONGRESS PARK DRIVE
SUITE 180
DELRAY BEACH, FL 33445 US



03162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2088917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE RAM REALTY GROUP, INC.
6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463

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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 May 1, 2008**

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
PTD
RAND, ELIZABETH
12001 REMINGTON DR
SILVER SPRING, MD 20902

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
LESNOY, DAVID
12001 REMINGTON DR
SILVER SPRING, MD 20902

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHWARTZ, MARK
12001 REMINGTON DR
SILVER SPRING, MD 20902

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000892789
04/23/08-80079-020 61.25

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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 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

Date

Daytime Phone #