


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90227 007 ****61.25

DOCUMENT # N03000008497	
1. Entity Name THE JUNIOR STREET CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 760 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763	Mailing Address 760 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763
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2. Principal Place of Business 2521 Junior ST	3. Mailing Address 2521 Junior ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORANGE CITY, FL.	City & State ORANGE CITY, FL.
Zip 32763	Country USA



1st MOORE CR2E037 (10/04)

4. FEI Number 40-045-1241 APPLIED FOR		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 BROWN, SALZMAN, WEISS & GARGANESE, P.A. TWO LANDMARK CENTER 225 E. ROBINSON ST, SUITE 600 ORLANDO FL 32802-2873		
7. Name and Address of New Registered Agent Name: Michael P. DeSouza Street Address (P.O. Box Number is Not Acceptable): 2521 Junior ST City: ORANGE CITY FL Zip Code: 32763		

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: Michael P. DeSouza **Michael P. DeSouza** **2-23-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANAMAKER, JOHN 760 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RAMESH PATEL MD 1772 Holland CT Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAUN, MICHAEL D 1569 OGLETHORPE DRIVE SUWANEE GA 30024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Rene Capulong MD 800 W. Plymouth Ave Deland, FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEREMETA, RICHARD 1379 MAYWOOD AVENUE DELTONA FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Michael P. DeSouza MD 2521 Junior ST ORANGE CITY, FL 32763 <input checked="" 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
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
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: Michael P. DeSouza **Michael P. DeSouza Feb. 23, 2005** **386-774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #