

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009667

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** OCEAN SIDE AT JUNO BEACH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

460 ATLANTIC BOULEVARD  
JUNO BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

460 ATLANTIC BOULEVARD  
JUNO BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 81-0670516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERROCAL & WILKINS, P.A.  
801 MAPLEWOOD DRIVE  
SUITE 22-A  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DAVIES, PEGGY  
Address: 460 ATLANTIC BOULEVARD  
City-St-Zip: JUNO BEACH, FL 33408

Title: D ( ) Delete  
Name: BOSSO, ANN  
Address: 765 HIBISCUS AVENUE  
City-St-Zip: JUNO BEACH, FL 33408

Title: D ( ) Delete  
Name: WELVAERT, JUSTIN  
Address: 460 ATLANTIC BOULEVARD  
City-St-Zip: JUNO BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BUCH GARVEY, MINDY  
Address: LOT 5 OCEAN SIDE @JUNO BEACH  
City-St-Zip: JUNO BEACH, FL 33408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY DAVIES

P

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date