

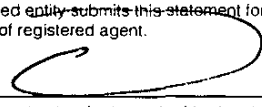
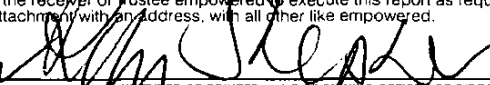


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90005 001 ****61.25

DOCUMENT # N05709 1. Entity Name JUNO BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14661 US HWY ONE, #33A JUNO BEACH, FL 33408 US				Mailing Address POB 36560- 3568 TEQUESTA, FL 33469 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address P.O. Box 3568 Suite, Apt. #, etc. City & State Zip Country		40121713  06132007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2502640 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DIREKTOR, KENNETH 625 N FLAGLER DR, 7TH FL WEST PALM BEACH, FL 33401	
7. Name and Address of New Registered Agent Name Becker & Poliakoff, P.A. Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Drive 7th Floor City West Palm Beach FL Zip Code 33401				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 14, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPOMI, ANTHONY 14661 US HWY 1 # 33A JUNO BCH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS LAWRENCE LUTZ, TREAS. 14661 U.S. HWY. 1, #33A JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASKULSKI, JOSEPH 14661 US HWY ONE, #33A JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT SPRINGER 14661 U.S. HWY. 1, #33A JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLYNN, WALTER 14661 US HWY 1, # 33A JUNO BCH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RITA SHEPHERD 14661 U.S. HWY. 1, #33A JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, MARY ELLEN 14661 US HWY ONE, #33A JUNO BEACH, FL 33408	<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	VD TUCKER, MARY E 14661 US HWY 1, # 33A JUNO BCH, FL 33408	<input checked="" 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	D STRANIX, MARTHE 14661 US HWY ONE, #33A JUNO BEACH, FL 33408	<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 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			SECRETARY Date 6/22/07. Daytime Phone #		