2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15345



FILED Feb 17, 2003 8:00 am Secretary of State

SEA OA' ON, INC	TS OF JUNO BEACH CONDO	MINIUM TWO ASSOC	CIATI		02-17-2003 90198 048 ****61.25			
Principal Pla 802 SEA OA JUNO BEACH		Mailing Address BRISTOL MANAGEMENT S 1930 COMMERCE LANE S JUPITER FL 33458 US	BRISTOL MANAGEMENT SERVICES INC 1930 COMMERCE LANE SUITE #1 IUPITER FL 33458		esi erika iliki erabi arlı erbi olku	B1841 61814 81821 B1841 1681		
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES		
City & State		City & State	City & State		4. FEI Number 59-2700896		ole	
Zip	Country	Žip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
 \fa\ a		~	Name				Ì	
INGLIS, STEVE 1930 COMMERCE LANE SUITE #1				Street Address (P.O. Box Number is Not Acceptable)				
<i>д</i> эрнен	I FL 33458		City			Zip Code	_}	
8. The above	e named entity submits this statement fo	r the purpose of changing its	s registered office or re	gistered agent, or both, in	FL the State of Florida. I am fa	1 "	ot	
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25	Trust Fund (mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departn			
10.	OFFICERS AND DIE	RECTORS	11.	400000000000000000000000000000000000000			-	
TITLE	B		TITLE	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRE	CTORS IN 10	n 3	
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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:

Machment

61.25

DATE:02/07/03 CK#:337 TOTAL:\$61.25***** BANK:1107 - Admiralty-cking PAYEE:FL DEPT OF STATE(STAT)

Prop	erty	Account	Invoice	Description	,		Amount
							2.16
507	6060			•			2.59
508	6060						1.73
509	6060		•				1.73
601	6060						1.29
602	6060				•		1.73
603	6060						. 1.73
701	6060						1.29
702	6060						2.16
703	6060				1	•	0.88
704	6060						2.12
705	6060				1		