

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

545

DOCUMENT # **N47188 (0)**
1. Corporation Name
THE BEACHFRONT AT JUNO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
530 OCEAN DRIVE JUNO BEACH FL 33408 US

3. Date Incorporated or Qualified **02/05/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0398455** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip Country 25. Country 29. Zip Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, FRANK EDGAR
3300 PGA BOULEVARD SUITE 500
PALM BEACH GARDENS FL 33410**

81 Name **JAMES R. MEROLA**
82 Street Address (P.O. Box Number is Not Acceptable) **11380 Prosperity Farms Road**
83 **Suite 204**
84 City **Palm Beach Gardens FL** 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *James R. Merola* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KNOPH, NIC	
STREET ADDRESS	530 OCEAN DRIVE #802	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KNOETGEN, JIM	
STREET ADDRESS	530 OCEAN DRIVE #505	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DALE	
STREET ADDRESS	530 OCEAN DRIVE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLBY, JOE	
STREET ADDRESS	530 OCEAN DRIVE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	PALMER, JIM	
STREET ADDRESS	530 OCEAN DRIVE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEWMAN, BOB	
STREET ADDRESS	530 OCEAN DR. PH 5	
CITY-ST-ZIP	JUNO BEACH FL	

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	S DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MILO ZIDEK	
23 STREET ADDRESS	530 OCEAN DR #1005	
24 CITY-ST-ZIP	JUNO BEACH, FL 33408	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DON FARRELL	
33 STREET ADDRESS	530 OCEAN DR	
34 CITY-ST-ZIP	JUNO BEACH, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	000001858880	
54 CITY-S-ZIP	-06/11/96--01175--026	
61 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald T. Farrell* DATE: **5/1/96** DAYTIME PHONE #: **94-626-0314**

CR2E037 (12/95)