


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47188 (0)
 1. Corporation Name
THE BEACHFRONT AT JUNO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 530 OCEAN DRIVE JUNO BEACH FL 33408 US	Mailing Address 530 OCEAN DRIVE JUNO BEACH FL 33408-1946 US
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3. Date Incorporated or Qualified 02/05/1992	3a. Date of Last Report 06/11/1996
4. FEI Number 65-0398455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent
**MEROLA, JAMES R
 11380 PROSPERITY FARMS ROAD
 SUITE 204
 PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZIDEK, JUNO	
STREET ADDRESS	530 OCEAN DR. #1005	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLBY, JOE	
STREET ADDRESS	530 OCEAN DRIVE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, JIM	
STREET ADDRESS	530 OCEAN DRIVE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, BOB	
STREET ADDRESS	530 OCEAN DR. PH 5	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEAN KLAUS	
1.3 STREET ADDRESS	530 OCEAN DR # 1104	
1.4 CITY-ST-ZIP	JUNO BCH, FL 33408	
2.1 TITLE	SEC D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOM MESSLER	
3.3 STREET ADDRESS	530 OCEAN DR # 701	
3.4 CITY-ST-ZIP	JUNO BCH, FL 33408	
4.1 TITLE	TRES D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NIC KNOPH	
4.3 STREET ADDRESS	530 OCEAN # 802	
4.4 CITY-ST-ZIP	JUNO OCH, FL 33408	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: _____ DATE: _____

CR2E037 (9/96)