

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90052 038 ****61.25

DOCUMENT # N47188

1. Entity Name

THE BEACHFRONT AT JUNO CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

**530 OCEAN DRIVE
 JUNO BEACH FL 33408
 US**

**530 OCEAN DRIVE
 JUNO BEACH FL 33408-1946
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0398455

Applied For

Not Applicable

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

**MEROLA, JAMES R
 11380 PROSPERITY FARMS ROAD
 SUITE 204
 PALM BEACH GARDENS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DV**
 STREET ADDRESS **KLAUS, JEAN**
 CITY-ST-ZIP **530 OCEAN DR., #104
 JUNO BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **COLBY, JOE**
 CITY-ST-ZIP **530 OCEAN DR.
 JUNO BEACH FL 33408**

TITLE Change Addition
 NAME **SHEILA BUNICK**
 STREET ADDRESS **530 OCEAN DR APT 1102**
 CITY-ST-ZIP **JUNO BCH, FL 33408**

TITLE Delete
 NAME **PD**
 STREET ADDRESS **MESSLER, TOM**
 CITY-ST-ZIP **530 OCEAN DR. #701
 JUNO BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **CONDON, CHRISTA**
 CITY-ST-ZIP **530 OCEAN DR APT 305
 JUNO BEACH FL 33408**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Christa Condon* **Christa Condon** 4/13/2000 561-626-0814
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (9/99)