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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N92000000470 (6)**

1. Corporation Name

SEAVIEW AT JUNO BEACH HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
1225 U.S. HWY. ONE SUITE 200 - LOGGERHEAD PLAZA JUNO BEACH FL 33408	1225 U.S. HWY. ONE SUITE 200 - LOGGERHEAD PLAZA JUNO BEACH FL 33408-3501

3. Date Incorporated or Qualified: 11/25/1992
3a. Date of Last Report: 08/02/1996

2. Principal Place of Business
21: 1751 Ocean Drive
22: Suite, Apt. #, etc.
23: City & State: Juno Beach FL
24: Zip: 33408
25: Country: USA

2a. Mailing Address
26: 1751 Ocean Drive
27: Suite, Apt. #, etc.
28: City & State: Juno Beach FL
29: Zip: 33408
30: Country: USA

4. FEI Number: 65-0409028 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

DELANEY, THOMAS L
1225 U.S. HWY. ONE
SUITE 200 - LOGGERHEAD PLAZA
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

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

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT DELANEY, THOMAS L 1225 U.S. HWY 1, SUITE 200 JUNO BEACH FL 33408	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 2408 Treasure Isle Drive Palm Beach Gardends FL 33410
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RODGERS, RICHARD B 1225 U.S. HWY 1, SUITE 200 JUNO BEACH FL 33408	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 290 Celestrial Way #2A Juno Beach Fl 33408
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS BROWNE, THOMAS 1225 U.S. HWY 1, SUITE 200 JUNO BEACH FL 33408	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

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.

CASE SABATINI & COMPANY
P.O. BOX 10885 PITTSBURGH, PA 16236 ID# 25-1371209

SIGNATURE: X Thomas L. Delaney PRINCIPAL 4-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0040620