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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000470 (6)**

1. Corporation Name

SEAVIEW AT JUNO BEACH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1751 OCEAN DR JUNO BEACH FL 33408 US	Mailing Address 1751 OCEAN DR JUNO BEACH FL 33408 US
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3. Date Incorporated or Qualified 11/25/1992
4. FEI Number 65-0409028
Applied For ☐ Not Applicable

2. Principal Place of Business 21 791 SEAVIEW DR Suite, Apt. #, etc. 22 JUNO BEACH, City & State 23 FLORIDA Zip 24 33408	2a. Mailing Address 25 791 SEAVIEW DR Suite, Apt. #, etc. 26 JUNO BEACH City & State 27 FLORIDA Zip 28 33408	Country 29 U.S.A.	Country 30 U.S.A.
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 STEPHEN F. DRYDEN 82 Street Address (P.O. Box Number is Not Acceptable) 752 SEAVIEW DRIVE 83 84 City JUNO BEACH FL 85 Zip Code 33408

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 **STEPHEN F. DRYDEN** *Stephen F. Dryden* **2/3/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DELANEY, THOMAS L 2408 TREASURE ISLE DR PALM BCH GARDENS FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP DRYDEN, STEPHEN F 752 SEAVIEW DR JUNO BEACH, FL 33408 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODGERS, RICHARD B 290 CELESTRIAL WAY #2A JUNO BEACH FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD BROWN, DR. DAVID 764 SEAVIEW DR JUNO BEACH, FL 33408 ☒ Change ☐ Addition
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	TD SCORZAFAVA, JIM 730 SEAVIEW DR JUNO BEACH, FL 33408 ☒ 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	SD GIUNTOLI, MARTA 741 SEAVIEW DR JUNO BEACH, FL 33408 ☐ 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

14. 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 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: **STEPHEN F. DRYDEN** *Stephen F. Dryden* **2/3/98** **561-491-3588**

CR2E037 (10/97)