2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90180 012 ****61.25

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1. Entity Name
SEAVIEW AT JUNO BEACH PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ASSOCIATED PROPERTY MOMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US	ASSOCIATED PROPERTY MOMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US

02242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AUNAPU, DIANE 764 SEAVIEW DR NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEORGE BLACK, ~~CHARLES~~ III 754 SEAVIEW DR. JUNO BEACH, FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HART, ROY 720 SEAVIWE DR JUNO BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FARKAS, MARCIA 701 SEAVIEW DR. JUNO BEACH, FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FARKAS, MARCIA 701 SEAVIEW DR NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROOKS, CHARLES 760 SEAVIEW DR. JUNO BEACH, FL 33408	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, GEORGE III 754 SEAVIEW DR NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, ROY 537 U.S. HIGHWAY ONE N. PALM BEAH, FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARKER, NANCY JEAN 745 SEAVIEW DR NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: George Black III 4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #