

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90180 012 ****61.25

DOCUMENT # N92000000470	
1. Entity Name SEAVIEW AT JUNO BEACH PROPERTY OWNER'S ASSOCIATION, INC.	

Principal Place of Business ASSOCIATED PROPERTY MOMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US	Mailing Address ASSOCIATED PROPERTY MOMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242005 Chg-NP CR2E037 (10/03)

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

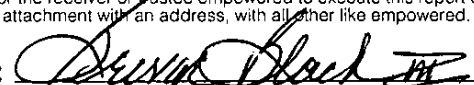
9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 BLACK, GEORGE III 754 SEAVIEW DR. JUNO BEACH, FL 33408 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HART, ROY 720 SEAVIEW 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 BEACH, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05
Date

Daytime Phone #