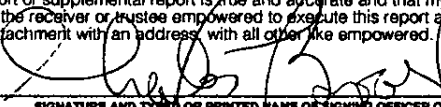


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90175 044 ****61.25

DOCUMENT # N92000000470 1. Entity Name SEAVIEW AT JUNO BEACH PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business TREASURE COAST PROPERTY MANAGEMENT 2417 SE DIXIE HIGHWAY STUART, FL 34996 US			Mailing Address TREASURE COAST PROPERTY MANAGEMENT 2417 SE DIXIE HIGHWAY STUART, FL 34996 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0409028	
Zip		Country		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	
TREASURE COAST PROPERTY MANAGEMENT 2417 SE DIXIE HIGHWAY STUART, FL 34996				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, 2007		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	PD	☐ Delete	TITLE	Vice President ☒ Change ☐ Addition	
NAME	BLACK, GEORGE III		NAME		
STREET ADDRESS	754 SEAVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	President ☒ Change ☐ Addition	
NAME	FARKAS, MARCIA		NAME		
STREET ADDRESS	701 SEAVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROOKS, CHARLES		NAME		
STREET ADDRESS	760 SEAVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	Director ☒ Change ☐ Addition	
NAME	AHRENS, KRISTEN		NAME		
STREET ADDRESS	751 SEAVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCOZZAFAVA, RITA		NAME		
STREET ADDRESS	730 SEAVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH, FL 33408		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date APRIL 07 Daytime Phone # 561 622 1353		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					