

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 02, 2010
Secretary of State**

DOCUMENT# N92000000470

Entity Name: SEAVIEW AT JUNO BEACH PROPERTY OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**3 M'S PROPERTY MANAGEMENT
1501 S.E. DECKER AVE. SUITE A101
STUART, FL 34994 US**New Principal Place of Business:**C/O COMPLETE PROPERTY MANAGEMENT, INC.
3307 NORTHLAKE BLVD., SUITE 107
PALM BEACH GARDENS, FL 33403 US**Current Mailing Address:**3 M'S PROPERTY MANAGEMENT
1501 S.E. DECKER AVE. SUITE A101
STUART, FL 34994 US**New Mailing Address:**C/O COMPLETE PROPERTY MANAGEMENT, INC.
3307 NORTHLAKE BLVD., SUITE 107
PALM BEACH GARDENS, FL 33403 US

FEI Number: 65-0409028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:3 M'S PROPERTY MANAGEMENT
1501 SE DECKER AVE
SUITE A101
STUART, FL 34994 US**Name and Address of New Registered Agent:**COMPLETE PROPERTY MANAGEMENT, INC.
3307 NORTHLAKE BLVD.
SUITE 107
PALM BEACH GARDENS, FL 33403 US

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.

SIGNATURE: WILLIAM F. LEWIS, GENERAL MANAGER

11/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P
Name: BURNETT, MCVORRAN
Address: 743 SEAVIEW DRIVE
City-St-Zip: JUNO BEACH, FL 33408Title: VP
Name: FARKAS, MARCIA
Address: 701 SEAVIEW DRIVE
City-St-Zip: JUNO BEACH, FL 33408Title: S
Name: KAY, WENDY
Address: 741 SEAVIEW DRIVE
City-St-Zip: JUNO BEACH, FL 33408Title: T
Name: ROTHSTEIN, PAUL
Address: 19 LIVINGSTON ROAD
City-St-Zip: SHARON, MA 02067Title: D
Name: BROOKS, CHARLES
Address: 760 SEAVIEW DRIVE
City-St-Zip: JUNO BEACH, FL 33408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MCVORRAN BURNETT

PRES

11/02/2010

Electronic Signature of Signing Officer or Director

Date