## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9200000470



## **FILED** Apr 04, 2003 8:00 am Secretary of State

1. Entity Name SEAVIEW AT JUNO BEACH PROPERTY ON, INC.	OWNER'S ASSOCIATI		04-04	1-2003 90074 03	9 ****61.25		
Principal Place of Business	Mailing Address						
400 SO. DIXIE HWY #10	400 SO. DIXIE HWY #10						
LAKE WORTH FL 33460	LAKE WORTH FL 33460						
US	US						
2. Principal Place of Business ASSOCIATED Mapping Mon	3. Mailing Address ATEA	Propercy !					
Suite, Apt. #, etc. 1928 LAKE WORTH RA	Suite, Apt. #, etc. 1928 LAKE WO	ATH Rd.		K HERE IF MAKING			
LAKE WORTH, FC	KE WORTH, FL LAKE WORTH, FL			09028	Applied For Not Applicable		
33461 Country SA	33461 CC	USA	5. Certificate of Status [		\$8.75 Additional Fee Required		
6. Name and Address of Current Re	7. Name and Address of New Registered Agent						
		Name 1550	CLATED PRO	SPERTU N	LANAGE MENT		
ASSOCIATED PROPERTY MANAGEMENT	Street Address (P.O. Box Number is Not Acceptable)						
400 SO. DIXIE HWY #10			1928 LAKE WORTH Rd.				
LAKE WORTH FL 33460		CILAKE	WORTH	FL	33/61		
The above named entity submits this statement for the obligations of registered agent.	he purpose of changing its registe	red office or registe	red agent, or both, in the St	tate of Florida. I am f	amiliar with, and accept		
SIGNATURE				$\leq$ 125	10 5		
Signature, typed or printed name of registered agent and	f title if applicable. (NOTE: Register	ed Agent signature require	d when reinstating)	DATE			
	\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State						
FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	~ —					

10.	OFFICERS AND DIRECTORS		11.		ES TO OFFICERS AND D	IRECTORS IN	10
TITLE	VP	Delete	TITLE	PP		[ Change	Addition
NAME	SMITH, DIANE A	/	NAME	AUNAPU, DIA	NE	~ ·	
STREET ADDRESS	764 SEAVIEW DR		STREET ADDRESS	AUNAPH, DIA	U DR.		
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP	TUNO BEACH	FL 33408	* ;= == == = - :	:
TITLE	TD	☐ Delete	TITLE	1/4		☐ Change	Addition
NAME	HART, ROY		NAME	LU SELENT	SISTEN E.	•	•
STREET ADDRESS	720 SEAVIWE DR		STREET ADDRESS	AHRENSKI	DR.		
CITY-ST-ZIP	JUNO BEACH FL 33408	i with the series	CITY-ST-ZIP-	TUNO BEACH	CFC 3340	8	
TITLE	P	Delete	TITLE	VA	/=:,=	Change	Addition
NAME	PARKAS, MARCIA	•	NAME	FARCAS, MAR 701 SEAVIEU	CIA		
STREET ADDRESS	701 SEAVIEW DR		STREET ADDRESS	1 6601/61	DR.		
CITY-ST-ZIP	JUNO BEACH FL 33408		01111-01-211	LILLUD BEHELY	- F-C 224U8		
TITLE	D	Delete	TITLE	50		☐ Change	Addition
NAME	QUINN, MARK	***	NAME	CHENTAR . C	DURTNEY		_
STREET ADDRESS	776 SEAVIEW DR		STREET ADDRESS	201 GGOILIE	JDR.		,
CITY-ST-ZIP	JUNO BEACH FL 33408	,	CITY-ST-ZIP	SUSNJAR, C SUSNJAR, C 156 SEAVIEU TUND BEACH	FL 3340	8	
TITLE	SD	Delete	TITLE	l x		Change	Addition
NAME	BARKER, NANCY	<b>~</b> ···	NAME	BARKER, NA 146 SEAVIE	wey	_, ,	_
STREET ADDRESS	745 SEAVIEW DR		STREET ADDRESS	JUL SERVIE	W DR.		
CITY-ST-ZIP	JUNO BEACH FL 33408		CITY-ST-ZIP	JUNO BEA	CH, PL 339	408	
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME	BLACK, GEORG 754 SEATTE	SE 14		-
STREET ADDRESS			STREET ADDRESS	154 SERVIE	WDR.		
				けひて ンピないごう	سنحسان مستن	1 4	

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:

ATURE REQUIRED

CR2E037 (10/02)