

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001705 (2)

1. Corporation Name

THE OCEANFRONT AT JUNO BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

570 OCEAN DR.
JUNO BEACH FL 33408

Mailing Address

1200 US HWY 1
SUITE E
N PALM BEACH FL 33408
US

3. Date Incorporated or Qualified
04/04/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0550969

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired



\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be Added to Fees

24

Country

25

Country

29

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, MARCELLA
OLD PORT COVE MGMT CO
1200 US HWY 1 SUITE E
N PALM BEACH FL 33408**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PSTD
SARKELA, RODNEY
570 OCEAN DR.
JUNO BEACH FL 33408**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
RODER, HOWARD
570 OCEAN DR
JUNO BEACH FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
SARKELA, JOHN
570 OCEAN DR.
JUNO BEACH FL 33408**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**PD
Goldberg, Margaret
570 Ocean Dr
Juno Beach, FL**

☐ Change ☒ Addition

33408

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**VD
Hawkins, Robert C
570 Ocean Dr
Juno Beach, FL**

☐ Change ☒ Addition

33408

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

**SD
Feingold, Elaine
570 Ocean Dr
Juno Beach, FL**

☐ Change ☒ Addition

33408

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

**TD
Hammond, Jon H
570 Ocean Dr
Juno Beach, FL**

☐ Change ☒ Addition

33408

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jon H. Hammond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon H. Hammond

407-626-3100

Date Daytime Phone #

CR2E037 (12/95)