


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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

Mailing Address

570 OCEAN DR.
JUNO BEACH FL 33408

1200 US HY 1
SUITE E
N PALM EBACH FL 33408-3564
US



3. Date Incorporated or Qualified **04/04/1994** 3a. Date of Last Report **03/26/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0550969** Applied For ☐ Not Applicable ☒

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State City & State 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country Zip 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 EBACH 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 617.1508, 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOLDBERG, MARGARET | 1.2 NAME | Goldberg, Jerome |
| STREET ADDRESS | 570 OCEAN DR | 1.3 STREET ADDRESS | 570 Ocean Dr |
| CITY - ST - ZIP | JUNO BEACH FL | 1.4 CITY - ST - ZIP | Juno Beach, FL 33408 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODER, HOWARD | 2.2 NAME | |
| STREET ADDRESS | 570 OCEAN DR | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JUNO BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FEINGOLD, ELAINE | 3.2 NAME | |
| STREET ADDRESS | 570 OCEAN DR | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | JUNO BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMMOND, JOH H | 4.2 NAME | Hammond, Jon H. |
| STREET ADDRESS | 570 OCEAN DR | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | JUNO BEACH FL | 4.4 CITY - ST - ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAWKINS, ROBERT C | 5.2 NAME | Johnson, Ellis |
| STREET ADDRESS | 570 OCEAN DR | 5.3 STREET ADDRESS | 570 Ocean Dr |
| CITY - ST - ZIP | JUNO BEACH FL | 5.4 CITY - ST - ZIP | Juno Beach, FL 33408 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 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. **Jon H. Hammond**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)