

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90020 009 \*\*\*\*70.00

**DOCUMENT # N94000001705**

1. Entity Name  
**THE OCEANFRONT AT JUNO BEACH CONDOMINIUM ASSOCIA**

Principal Place of Business <b>570 OCEAN DR. JUNO BEACH FL 33408</b>	Mailing Address <b>1200 US HY 1 SUITE E N PALM EBACH FL 33408 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0550969</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME PD <b>FEINGOLD, ELAINE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>570 OCEAN DR JUNO BEACH FL</b>	
TITLE NAME PD <b>HAWKINS, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>570 OCEAN DR JUNO BEACH FL 33408</b>	
TITLE NAME VD <b>JENNINGS, MILTON</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>570 OCEAN DR JUNO BCH FL 33408</b>	
TITLE NAME STD <b>LIEBERMAN, MARK</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>570 OCEAN DR JUNO BEACH FL 33408</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME VD <b>Seymour, Cy</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>570 Ocean Drive Juno Beach, FL 33408</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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: *Robert Hawkins* 2/23/2000 561 626 0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)