2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N94000001705

Entity Name: THE OCEANFRONT AT JUNO BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

570 OCEAN DR.
JUNO BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

1200 US HY 1
SUITE E
N PALM EBACH, FL 33408 US

New Mailing Address:

FEI Number: 65-0550969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OPC MANAGEMENT, INC
1200 US HWY #1
SUITE E
N PALM EBACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STEPHENS, LARRY
Address: 570 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: D ( ) Delete
Name: FENTON, IRA
Address: 570 OCEAN DR
City-St-Zip: JUNO BEACH, FL 33408

Title: TD ( ) Delete
Name: TOM, KELLY
Address: 570 OCEAN DR
City-St-Zip: JUNO BEACH, FL 33408

Title: SD (X) Delete
Name: CARLINO, EUGENE
Address: 570 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: VPD (X) Delete
Name: MCCULLOUGH, RICHARD
Address: 570 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEYMOUR, CY
Address: 570 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: VPD (X) Change ( ) Addition
Name: LIEBERMAN, MARK
Address: 570 OCEAN DR
City-St-Zip: JUNO BEACH, FL 33408

Title: STD (X) Change ( ) Addition
Name: MAYBERRY, ROBERT
Address: 570 OCEAN DR
City-St-Zip: JUNO BEACH, FL 33408

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT MAYBERRY S 04/30/2008

Electronic Signature of Signing Officer or Director — Date