2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001705

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

570 OCEAN DR. JUNO BEACH, FL 33408

Current Mailing Address: New Mailing Address:

1200 US HY 1 SUITE E

N PALM EBACH, FL 33408 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 VPD
 (X) Change () Addition

 Name:
 SEYMOUR, CY
 Name:
 SEYMOUR, CY

 Address:
 570 OCEAN DRIVE
 Address:
 570 OCEAN DRIVE

Address: 570 OCEAN DRIVE Address: 570 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL 33408
City-St-Zip: JUNO BEACH, FL 33408

Title: VPD () Delete Title: PD (X) Change () Addition Name: LIEBERMAN, MARK Name: KELLEY, TOM

 Address:
 570 OCEAN DR
 Address:
 570 OCEAN DR

 City-St-Zip:
 JUNO BEACH, FL 33408
 City-St-Zip:
 JUNO BEACH, FL 33408

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 MAYBERRY, ROBERT
 Name:
 KRUM, JILL

 Address:
 570 OCEAN DR
 Address:
 570 OCEAN DR

 City-St-Zip:
 JUNO BEACH, FL 33408
 City-St-Zip:
 JUNO BEACH, FL 33408

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: JILL KRUM SECY 04/30/2009