FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 15, 2001 8:00 am § Secretary of State DOCUMENT # N95000005137 1. Entity Name 05-15-2001 90194 031 \*\*\*\*70.00 JUNO BEACH INTRACOASTAL LANDINGS HOMEOWNER'S ASS Principal Place of Business Mailing Address 1014 BAY COLONY DRIVE, SOUTH 1014 BAY COLONY DRIVE. SOUTH U##666**71** JUNO BEACH FL 33408 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0693768 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JUNO BAY INVESTMENTS INC. 1014 BAY COLONY DRIVE, SOUTH JUNO BEACH FL 33408 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change Addition PTD ☐ Delete TITLE NAME NAME VRBANEC, STEVE STREET ADDRESS STREET ADDRESS 1014 BAY COLONY DRIVE, SOUTH CITY-ST-ZIP CITY-ST-ZIP <u>JUNO BEACH FL 33408</u> ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STEFANICH, JAMES NAME STREET ADDRESS STREET ADDRESS 1014 BAY COLONY DRIVE, SOUTH CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH FL 33408 Addition TITLE **VPSD** ☐ Delete TITLE Change NAME **BLUEMKE, DUANE** NAME STREET ADDRESS STREET ADDRESS 14245 PROVIDENCE LANE CITY-ST-ZIP CITY-ST-ZIP **BROOKSFIELD WI 53005** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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 attorney like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition