


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90355 041 ****70.00

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|---|---|--|--|--|---|
| DOCUMENT # N95000005137 | | | |  | |
| 1. Entity Name JUNO BEACH INTRACOASTAL LANDINGS HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1014 BAY COLONY DRIVE, SOUTH JUNO BEACH, FL 33408 | | | Mailing Address 1014 BAY COLONY DRIVE, SOUTH JUNO BEACH, FL 33408 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0693768 | |
| 5. Certificate of Status Desired | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent JUNO BAY INVESTMENTS INC. 1014 BAY COLONY DRIVE, SOUTH JUNO BEACH, FL 33408 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD VRBANEC, STEVE 1014 BAY COLONY DRIVE, SOUTH JUNO BEACH, FL 33408 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | STEPHAN R. |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STEFANICH, JAMES 1014 BAY COLONY DRIVE, SOUTH JUNO BEACH, FL 33408 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4/26/06 561.625.3511 Date Daytime Phone # | | |

STEPHAN R. VRBANEC