

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001751

**FILED**  
**Mar 26, 2015**  
**Secretary of State**  
**CC2536585904**

**Entity Name:** JUNO DUNES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. SUITE 23  
JUPITER, FL 33458

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. SUITE 23  
JUPITER, FL 33458 US

**FEI Number: 57-1173047**

**Certificate of Status Desired: No**

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

COPPLE, RYAN PA  
601 HERITAGE DRIVE,  
SUITE 228  
JUPITER, FLORIDA, FL 33458 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name MACKLE, LORETTA  
Address C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. STE 23  
City-State-Zip: JUPITER FL 33458

Title T  
Name HERBSMAN, JACKIE  
Address C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. SUITE 23  
City-State-Zip: JUPITER FL 33458

Title PRESIDENT  
Name TAYLOR, WILLIAM  
Address C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. SUITE 23  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name RINGDAHL, DANIEL  
Address C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. SUITE 23  
City-State-Zip: JUPITER FL 33458

Title VP  
Name WARECH, DARLENE  
Address C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. SUITE 23  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name PRIER, BOB  
Address C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. SUITE 23  
City-State-Zip: JUPITER FL 33458

Title DIRECTOR  
Name OAKDEN, WALTER  
Address C/O CAMPBELL PROPERTY MGMT  
401 MAPLEWOOD DR. SUITE 23  
City-State-Zip: JUPITER FL 33458

*I hereby 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 all other like empowered.*

**SIGNATURE: LORETTA MACKLE**

**SECRETARY**

**03/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date