

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02338

FILED
Mar 08, 2024
Secretary of State
6847256469CC**Entity Name:** SEA OATS OF JUNO BEACH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**HARBOR MANAGEMENT OF SOUTH FLORIDA
641 UNIVERSITY BLD. STE. 205
JUPITER, FL 33458**Current Mailing Address:**HARBOR MANAGEMENT OF SOUTH FLORIDA
641 UNIVERSITY BLD. STE. 205
JUPITER, FL 33458 US**FEI Number:** 59-2483919**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COPPLE SACHS COPPLE
4455 MILITARY TRAIL
SUITE 200
JUPITER, 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:** RYAN COPPLE

03/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	JAKUBOSKI, JOSEPH
Address	HARBOR MANAGEMENT OF SOUTH FLORIDA 641 UNIVERSITY BLD. STE. 205
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	BLOEMERS, ROGER
Address	HARBOR MANAGEMENT OF SOUTH FLORIDA 641 UNIVERSITY BLD. STE. 205
City-State-Zip:	JUPITER FL 33458

Title	SECRETARY
Name	FINDLING, MARVIN S
Address	HARBOR MANAGEMENT OF SOUTH FLORIDA 641 UNIVERSITY BLD. STE. 205
City-State-Zip:	JUPITER FL 33458

Title	PRESIDENT
Name	BISCEGLIA, BARBARA
Address	HARBOR MANAGEMENT OF SOUTH FLORIDA 641 UNIVERSITY BLD. STE. 205
City-State-Zip:	JUPITER FL 33458

Title	TREASURER
Name	DILEO, DANIEL T
Address	HARBOR MANAGEMENT OF SOUTH FLORIDA 641 UNIVERSITY BLD. STE. 205
City-State-Zip:	JUPITER FL 33458

Title	VP
Name	FIORI, RON
Address	HARBOR MANAGEMENT OF SOUTH FLORIDA 641 UNIVERSITY BLD. STE. 205
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	DEMASTRY, LINDA
Address	HARBOR MANAGEMENT OF SOUTH FLORIDA 641 UNIVERSITY BLD. STE. 205
City-State-Zip:	JUPITER FL 33458

Title	DIRECTOR
Name	MICHELMANN, PAULA
Address	HARBOR MANAGEMENT OF SOUTH FLORIDA 641 UNIVERSITY BLVD. STE. 205
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: BARBARA BISCEGLIA

PRESIDENT

03/08/2024

