

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 24, 2009  
Secretary of State

DOCUMENT# F05000002875

Entity Name: THE JUNIPER CLUB, INC.

**Current Principal Place of Business:**

18535 JUNIPER HUNT CLUB ROAD  
FT MCCOY, FL 32124

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3552  
LOUISVILLE, KY 40201

**New Mailing Address:**

FEI Number: 59-0527063      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NELSON, GENE B  
18535 JUNIPER HUNT CLUB ROAD  
FT. MCCOY, FL 32124 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: REICHARD, K THOMAS  
Address: PO BOX 3552  
City-St-Zip: LOUISVILLE, KY 40201

Title: VCVP ( ) Delete  
Name: LANUM, ROBERT  
Address: PO BOX 3552  
City-St-Zip: LOUISVILLE, KY 40201

Title: S ( ) Delete  
Name: WHITTY, JOHN  
Address: PO BOX 3552  
City-St-Zip: LOUISVILLE, KY 40201

Title: T ( ) Delete  
Name: RICKERT, STEPHEN J  
Address: PO BOX 3552  
City-St-Zip: LOUISVILLE, KY 40201

Title: D ( ) Delete  
Name: SCHLEGAL, DAN  
Address: PO BOX 3552  
City-St-Zip: LOUISVILLE, KY 40201

Title: D ( ) Delete  
Name: REUTLINER, KENNETH III  
Address: PO BOX 3552  
City-St-Zip: LOUISVILLE, KY 40201

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVE RICKERT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

03/24/2009

\_\_\_\_\_  
Date