

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007669

1. Entity Name

JUNIPER WALK RESIDENTS' ASSOCIATION, INC.

FILED

May 05, 2002 8:00 am
Secretary of State

05-05-2002 90029 013 ****61.25

Principal Place of Business

Mailing Address

C/O PULTE HOME CORPORATION
9148 BONITA BEACH ROAD, SUITE 102
BONITA SPRINGS FL 34135

C/O PULTE HOME CORPORATION
9148 BONITA BEACH ROAD, SUITE 102
BONITA SPRINGS FL 34135

2. Principal Place of Business

1/6 Integrated Property Mgmt.
Suite, Apt. #, etc.
3435-10th Street N., #201

3. Mailing Address

1/6 Integrated Property Mgmt.
Suite, Apt. #, etc.
3435-10th Street N., #201

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0564022

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLPERT, GREG G
C/O PULTE HOME CORPORATION
9148 BONITA BEACH ROAD, SUITE 102
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name: *Scott Hennells*
Street Address (P.O. Box Number is Not Acceptable):
Weibel & Hennells
9240 Bonita Beach Rd, #3305
City: *Bonita Springs* State: *FL* Zip Code: *34135*

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

Scott K. Hennells

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: *PD* ☒ Delete
NAME: *WOLPERT, GREG G*
STREET ADDRESS: *9148 BONITA BEACH ROAD, SUITE 102*
CITY-ST-ZIP: *BONITA SPRINGS FL 34135*

TITLE: *VPD* ☒ Delete
NAME: *GRIFFITH, R. SCOTT*
STREET ADDRESS: *9148 BONITA BEACH ROAD, SUITE 102*
CITY-ST-ZIP: *BONITA SPRINGS FL 34135*

TITLE: *STD* ☒ Delete
NAME: *MECKS, W. MICHAEL*
STREET ADDRESS: *9148 BONITA BEACH ROAD, SUITE 102*
CITY-ST-ZIP: *BONITA SPRINGS FL 34135*

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: *D* ☐ Change ☒ Addition
NAME: *Bowles, Thomas*
STREET ADDRESS: *24020 Copperleaf Blvd.*
CITY-ST-ZIP: *Bonita Springs, FL*

TITLE: *D* ☐ Change ☒ Addition
NAME: *Feldblum, Stephen*
STREET ADDRESS: *24030 Copperleaf Blvd.*
CITY-ST-ZIP: *Bonita Springs, FL*

TITLE: *D* ☐ Change ☒ Addition
NAME: *Sippel, Richard*
STREET ADDRESS: *23990 Copperleaf Blvd.*
CITY-ST-ZIP: *Bonita Springs, FL*

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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 all other like empowered.

SIGNATURE:

Thomas Bowles

4-12-02

239-434-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)