

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000006028 (4)**

1. Corporation Name

JUNIPER GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1800 SOUTH AUSTRALIAN AVE. SUITE 400 W PALM BEACH FL 33409	Mailing Address 1800 SOUTH AUSTRALIAN AVE. SUITE 400 W PALM BEACH FL 33409-6444
--	---

3. Date Incorporated or Qualified 12/08/1994	3a. Date of Last Report 05/01/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

4. FEI Number 65-0578543	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent K. HOVNANIAN AT CAROLINA COUNTRY CLUB II M 1800 S. AUSTRALIAN AVE. SUITE 400 W PALM BEACH FL 33409	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	JORDAN, GREG
STREET ADDRESS	1800 S. AUSTRALIAN AVE. #400
CITY-ST-ZIP	W PALM BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LEDERMAN, DON
STREET ADDRESS	1800 S. AUSTRALIAN AVE. #400
CITY-ST-ZIP	W PALM BEACH FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN
STREET ADDRESS	1800 S. AUSTRALIAN AVE. #400
CITY-ST-ZIP	W PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOMINGO R. CLEMENT JR
1.3 STREET ADDRESS	1800 S. AUSTRALIAN AVE #400
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
2.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JONATHAN RAPAPORT
2.3 STREET ADDRESS	1800 S. AUSTRALIAN AVE #400
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mani Pire
3.3 STREET ADDRESS	1800 S. Australian Ave #400
3.4 CITY-ST-ZIP	West Palm Beach, FL 33409
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)