

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006028

1. Corporation Name

JUNIPER GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O SHARON CARSWELL
3362 NW 70TH AVENUE
MARGATE FL 33063

Mailing Address

C/O SHARON CARSWELL
3362 NW 70TH AVENUE
MARGATE FL 33063



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/08/1994

4. FEI Number
65-0578543

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CARSWELL, SHARON
3362 NW 70TH AVENUE
MARGATE FL 33063

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME VALENTOVIC, CARL
STREET ADDRESS 3326 NW 68TH AVENUE
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

TITLE DVP
NAME POLINO, JOSEPH
STREET ADDRESS 6941 NW 34TH STREET
CITY-ST-ZIP MARGATE FL 33063 ☒ DELETE

TITLE DS
NAME CARSWELL, SHARON
STREET ADDRESS 3362 NW 70TH AVENUE
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

TITLE DT
NAME WALKER-POLINO, LINDA
STREET ADDRESS 6941 NW 34TH STREET
CITY-ST-ZIP MARGATE FL 33063 ☒ DELETE

TITLE D
NAME BENOIT, KEITH
STREET ADDRESS 3306 NW 68TH AVENUE
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE DVP
2.2 NAME BENOIT, KEITH
2.3 STREET ADDRESS 3306 NW 68th Avenue
2.4 CITY-ST-ZIP Margate, FL 33063 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE DT
4.2 NAME BURHANCE, JOYCE
4.3 STREET ADDRESS 6961 NW 34th Street
4.4 CITY-ST-ZIP Margate, FL 33063 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME PEARCE, KEITH
5.3 STREET ADDRESS 6807 NW 32nd Street
5.4 CITY-ST-ZIP Margate, FL 33063 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)