2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400006028  1. Entity Name			VENDOR #	S	Mar 12, 2002 8:00 am Secretary of State		
JUNIPER	GLEN HOMEOWNERS ASS	OCIATION, INC.	GENERAL LED	SER ACC	03-12-2002 90281	029 ****61	.25
Principal Plac	e of Business	Mailing Address					
C/O SHARON ( 3362 NW 70TH MARGATE FL 3	AVENUE	C/O SHARON CARSWELL 3362 NW 70TH AVENUE MARGATE FL 33063			ter mani anna Adia Adia Anti Anti	<b>88</b> (11: <b>88</b> (11 <b>:</b> 11 <b>98</b>	11 1 <b>25</b> 1 1 <b>2 2</b> 1
2. Principal Place of Business		3. Mailing Address	ACCOUNTING MC	MTH.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE	
City & State		City & State		4. FEI Number	<b>65-0578543</b> Not Applicable		
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Add	Iress of New Registere	ed Agent	
	L, SHARON 70TH AVENUE	•	Pro	perty Mana SP.O. Box Number is V.S. 57th	gement Res Not Acceptable) Ave. #101	ources	
MARGATE	FL 33063		City Lak	e Worth	F	Zip Code 3 3 4 6 3	3
8. The above	e named entity submits this statement f	or the purpose of changing its	registered office or regis	stered agent, or both, in	the state of Florida.		
	1 -	<del></del>					
SIGNATURE .	- Jan 1	the			DAT	<u> </u>	
	Signature, typed or printed name of registered ager	at anothe if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DAT		
,	7		nnoign Einancina		Make Ch	eck Payable i	to
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C		\$5.00 May Be Added to Fees		nent of State	
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND D	Trust Fund C		Added to Fees		nent of State	10
10. TITLE	OFFICERS AND D	Trust Fund C	Contribution.	Added to Fees	Departr	nent of State	
10.	OFFICERS AND D  DVP  JACOBS, JIM	Trust Fund (	Contribution.	Added to Fees	Departr	DIRECTORS IN	10
10. TITLE NAME	OFFICERS AND D  DVP  JACOBS, JIM  3302 NW 70TH AVE  MARGATE FL 33063	Trust Fund (	11. TITLE NAME	Added to Fees	Departr	DIRECTORS IN	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D DVP JACOBS, JIM 3302 NW 70TH AVE MARGATE FL 33063 DP	Trust Fund (	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Departr	DIRECTORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DVP JACOBS, JIM 3302 NW 70TH AVE MARGATE FL 33063 DP BENOIT, KEITH	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Departr	DIRECTORS IN	10 Addition
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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:

SIGNATURE: