

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90281 029 \*\*\*\*61.25

**DOCUMENT # N94000006028**

1. Entity Name

**JUNIPER GLEN HOMEOWNERS ASSOCIATION, INC.**

VENDOR # \_\_\_\_\_

GENERAL LEDGER ACC \_\_\_\_\_

Principal Place of Business

Mailing Address

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

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

ACCOUNTING MONTH \_\_\_\_\_

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0578543**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSWELL, SHARON  
 3362 NW 70TH AVENUE  
 MARGATE FL 33063

Name

**Property Management Resources**

Street Address (P.O. Box Number is Not Acceptable)

**4000 S. 57th Ave. #101**

City

**Lake Worth**

**FL**

Zip Code  
**33463**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete  
 NAME **JACOBS, JIM**  
 STREET ADDRESS **3302 NW 70TH AVE**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **DP** ☐ Delete  
 NAME **BENOIT, KEITH**  
 STREET ADDRESS **3306 NW 68TH AVE**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D** ☒ Delete  
 NAME **CARSWELL, SHARON**  
 STREET ADDRESS **3362 NW 70TH AVENUE**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **DT** ☐ Change ☒ Addition  
 NAME **Valentovic, Carl**  
 STREET ADDRESS **3326 N.W. 68th Ave.**  
 CITY-ST-ZIP **Margate, FL 33063**

TITLE **DT** ☒ Delete  
 NAME **BURHANCE, JOYCE**  
 STREET ADDRESS **6961 NW 34TH ST**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Carty, Latoya**  
 STREET ADDRESS **3481 N.W. 70th Ave.**  
 CITY-ST-ZIP **Margate, FL 33063**

TITLE **D** ☐ Delete  
 NAME **BASSOFF, SHEILA**  
 STREET ADDRESS **6786 NW 32D CT**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Delete  
 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: \_\_\_\_\_

*Keith Benoit President 2/25/02*

CR2E037 (9/01)