

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90012 047 ****61.25

DOCUMENT # N94000006028

1. Entity 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 PROPERTY MGMT RESOURCES
4000 S. 57TH AVE., SUITE 101
MARGATE, FL 33063

34037623



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05182004

Chg-NP

CR2E037 (10/03)

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROPERTY MGMT RESOURCES
4000 S 57TH AVE 101
LAKE WORTH, FL 33463

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when retesting)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ 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 *Keith Benoit*
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GORDON, HARVEY
STREET ADDRESS 6421 NW 34TH STREET
CITY-ST-ZIP MARGATE, FL 33063

TITLE ☒ Change ☐ Addition
NAME *LAUREN FEHL*
STREET ADDRESS *6966 NW 32nd Street*
CITY-ST-ZIP *Margate, FL 33063*

TITLE DVP ☐ Delete
NAME CARTY, LATOYA
STREET ADDRESS 3481 NW 70TH AVE
CITY-ST-ZIP MARGATE, FL 33063

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

TITLE DT ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-904