

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90003 012 ****61.25

DOCUMENT # N94000006028

1. Entity Name
JUNIPER GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O PROPERTY MGMT RESOURCES
4000 SOUTH 57TH AVE SUITE 101
LAKE WORTH, FL 33463**

Mailing Address
**C/O PROPERTY MGMT RESOURCES
4000 S. 57TH AVE., SUITE 101
LAKE WORTH, FL 33463**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0578543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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

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

TITLE **DS** ☐ Delete
NAME **FELTER, LAUREN**
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 **DT** ☒ Delete
NAME **SCHUETH, TONY**
STREET ADDRESS **3341 NW 70TH AVE**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Change ☐ Addition
NAME **Robert Altmark**
STREET ADDRESS **6890 NW 34th St**
CITY-ST-ZIP **Margate, FL 33063**

TITLE **DT** ☒ Change ☐ Addition
NAME **FEHER**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☐ Addition
NAME **Harvey Gordon**
STREET ADDRESS **6921 NW 34th St.**
CITY-ST-ZIP **Margate, FL 33063**

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 exemptions contained in Chapter 119, 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 #

3/13/07