## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2008 8:00 am Secretary of State

03-07-2008 90031 007 \*\*\*\*61.25

## DOCUMENT # N94000006028



JUNIPER GLEN HOMEOWNERS ASSOCIATION, INC. 40040010 Principal Place of Business Mailing Address C/O PROPERTY MGMENT RESOURCES C/O PROPERTY MGMT RESOURCES <del>4000</del> South 57th ave suite to 1 4000 S. 57TH AVE., SUITE TO1 LAKE WORTH, FL 33463 LAKE WORTH, Ft 33463 2. Principal Place of Business - No P.O. Box 3. Mailing Address 1784 W. SAMOLE Rd 1784 W. SAMOLE Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 65-0578543 CKY)& State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PROPERTY MGMT RESOURCES Street Address (P.O. Box Number is Not Acceptable) 4000 S 57TH AEVE 101 LAKE WORTH, FL-33463 8. The above named entity submits this statement for the purpose of changing its registered office or registered agen the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DΡ TITLE ☐ Delete TITLE ☐ Channe ☐ Addition JACOBS, JIM NAME NAME 3302 NW 70TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change Addition ALTMARK, ROBERT NAME NAME 6890 NW 34TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33063 CITY-ST-ZIP DT ☐ Addition TITLE ☐ Delete TITLE ☐ Channe PEHER, LAUREN 6966 NW 32ND STREET STREET ADDRESS STREET ADDRESS MARGATE, FL 33063 CITY - ST - ZIP CITY-ST-ZIP DS ☐ Delete TITLE ☐ Change ☐ Addition TITLE CARTY, LATOYA STREET ADDRESS 3481 NW 70TH AVE STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE HARVEY, GORDON NAME STREET ADDRESS 6921 NW 34TH ST STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 autocoment with an address, will all other like empowered.

SIGNATURE

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date