2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400006028

FILED Mar 22, 2010 Secretary of State

Entity Name: JUNIPER GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11784 W SAMPLE RD INTEGRITY PROPERTY MGT. 103 S665 CORAL RIDGE DRIVE

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33076

Current Mailing Address: New Mailing Address:

11784 W SAMPLE RD INTEGRITY PROPERTY MGT.
103 5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33076

FEI Number: 65-0578543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNITED COMMUNITY MGMT CORP.

11784 W SAMPLE ROAD

#103

INTEGRITY PROPERTY MGT.

5665 CORAL RIDGE DRIVE

CORAL SPRINGS, FL 33076 US

CORAL SPRINGS, FL 33065 US

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: CINDY WHITTLE 03/22/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: GHERARDINI, LARRY
Address: 5665 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VPD

Name: ORLANDO, LORI

Address: 5665 CORAL RIDGE DRIVE City-St-Zip: CORAL SPRINGS, FL 33076

Title: TD

Name: REEBER, DENNIS

Address: 5665 CORAL RIDGE DRIVE City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD

Name: ORLANDO, LORI

Address: 5665 CORAL RIDGE DRIVE City-St-Zip: CORAL SPRINGS, FL 33076

Title:

Name: FEHER, LAUREN

Address: 5665 CORAL RIDGE DRIVE City-St-Zip: CORAL SPRINGS, FL 33076

Title:

Name: SCHLUETER, CLINT
Address: 5665 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY GHERARDINI PD 03/22/2010