

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90073 047 ***61.25

DOCUMENT # N98000003522

1. Entity Name
JUNE GROVES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**2556 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

Mailing Address
**2556 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

2. Principal Place of Business

**3300 University Dr.
#405**

3. Mailing Address

**3300 University Dr.
#405**

City & State

**Coral Springs, FL
33065 USA**

City & State

**Coral Springs, FL
33065 USA**

03262004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2051142

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHACHTER, SAMUEL
2556 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name: **United Community Mgmt.**

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

3300 University Dr. #405

City **Coral Springs** FL Zip Code **33065**

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

UNITED COMMUNITY MANAGEMENT CO.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/04

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SCHACHTER, SAMUEL	
STREET ADDRESS	2556 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SCHACHTER, MALCA	
STREET ADDRESS	2556 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	SDVT	<input checked="" type="checkbox"/> Delete
NAME	SCHACHTER, RAQUEL	
STREET ADDRESS	2556 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kub, Michael	
STREET ADDRESS	1781 SW 13th Ter	
CITY-ST-ZIP	Davie FL 33325	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephens, Robert	
STREET ADDRESS	1393 SW 16 St	
CITY-ST-ZIP	Davie FL 33325	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fontana, Raquel	
STREET ADDRESS	1660 SW 13th Ter	
CITY-ST-ZIP	Davie FL 33325	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toman, Peter	
STREET ADDRESS	1390 SW 16 St	
CITY-ST-ZIP	Davie, FL 33325	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Story, Mark	
STREET ADDRESS	1723 SW 132 way	
CITY-ST-ZIP	Davie, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

M. J. KUB **MICHAEL J. KUB**

3/26/2004

954 474 0683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #