

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006028

Entity Name: JUNIPER GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRANT PROPERTY MANAGEMENT
851 BROKEN SOUND PARKWAY NW SUITE 102
BOCA RATON, FL 33487

Current Mailing Address:

C/O GRANT PROPERTY MANAGEMENT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321 US

FEI Number: 65-0578543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASSERSTEIN, P.A.
301 YAMATO RD E
STE 2199
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RANKINE, GAVIN
Address C/O GRANT PROPERTY
 MANAGEMENT
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title TREASURER
Name BAISLEY, PATRICK
Address C/O GRANT PROPERTY
 MANAGEMENT
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title VP
Name AGNETTI, JASMINE
Address C/O GRANT PROPERTY
 MANAGEMENT
 7124 NORTH NOB HILL ROAD 208
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name ORLANDO, LORI
Address C/O GRANT PROPERTY
 MANAGEMENT
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name MERUOSH, TALIA
Address C/O GRANT PROPERTY
 MANAGEMENT
 7124 NORTH NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

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: RANKINE , GAVIN

PRESIDENT

04/04/2025

Electronic Signature of Signing Officer/Director Detail

Date