

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90056 009 \*\*\*\*61.25

**DOCUMENT # N01000003842**

1. Entity Name  
**JASMINE WALK OWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**5655 SW EVANS DRIVE**  
**STUART, FL 34997 US**

Mailing Address  
**P O BOX 329**  
**STUART, FL 34995 US**



01122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **55-0814411** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MACKEY, DAVID L**  
**2801 SOUTHWEST COLLEGE ROAD**  
**SUITE 1**  
**OCALA, FL 34474**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONA, FRANK J 6240 SOUTHWEST STATE ROAD 200 OCALA, FL 34477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARINA, AL 5655 SW EVANS DRIVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARINA, MIKE FIVE COLD HILL ROAD #3 MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**

*Armando Farina*  
**Armando Farina**

Date

Daytime Phone #

1/14/04 772219895