


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003842

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



Principal Place of Business Mailing Address

5655 SW EVANS DRIVE **P O BOX 329**
STUART, FL 34997 US **STUART, FL 34995 US**

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01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
55-0814411 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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	

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 03/31/05-80015-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Al Farina* Date: 3/29/05 Daytime Phone #: 772 219 3418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #