

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90133 024 \*\*\*\*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**

**10032327**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

**35-0814411**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TONA, FRANK J</b>	
STREET ADDRESS	<b>6240 SOUTHWEST STATE ROAD 200</b>	
CITY-ST-ZIP	<b>OCALA FL 34477</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FARINA, AL</b>	
STREET ADDRESS	<b>5655 SW EVANS DRIVE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FARINA, MIKE</b>	
STREET ADDRESS	<b>FIVE COLD HILL ROAD #3</b>	
CITY-ST-ZIP	<b>MENDHAM NJ 07945</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: \_\_\_\_\_

**3/3/03**

CR2E037 (10/02)