2 **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Apr 02, 2002 8:00 am Secretary of State DOCUMENT # N01000005173 02-24-2002 90065 006 ****61.25 JASMINE MASTER ASSOCIATION, INC. Mailing Address Principal Place of Business 6539 SOUTHEAST FEDERAL HIGHWAY 6539 SOUTHEAST FEDERAL HIGHWAY としし ビストセンタ や STUART FL 34997 STUART FL 34997 Principal Place of Business 165S S DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MACKAY, DAVID L -2801 SOUTHWEST COLLEGE ROAD SUITE 1 OCALA FL 34474 City 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algnature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. ě Added to Fees Department of State OFFICERS AND DIRECTORS 10: 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (10/6) TIÎLE ☐ Delete TITLE ☐ Addition TONA, FRANK J NAME NAME STREET ADDRESS 6240 SOUTHWEST STATE ROAD 200 STREET ADDRESS CR2E037 CITY-ST-ZIP OCALA FL 34477 CITY-ST-ZIP TITLE ☐ Delete TITLE Farina, A1 FARINA, AL NAME NAME STREET ADDRESS 6539 SOUTHEAST FEDERAL HIGHWAY STREET ADDRESS si se schoont STUART FL 34997 CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition FARINA, MIKE NAME NAME STREET ADDRESS FIVE COLD HILL ROAD #3 STREET ADDRESS CITY-ST-ZIP MENDHAM NJ 07945 CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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 path; that I am an officer or director of the corporation or the received or trustee empowered to exacute 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.

required

SIGNATURE ARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: