2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000005173

1. Entity Name
JASMINE MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5655 SW EVANS DR STUART, FL 34997	PO BOX 329 STUART, FL 34995

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02232006   No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
03-0404013	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2006

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

000000447333
03/08/06-80077-007 61.25

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	TONA, FRANK J
STREET ADDRESS	6240 SOUTHWEST STATE ROAD 200
CITY-ST-ZIP	OCALA, FL 34477
TITLE	D
NAME	FARINA, AL
STREET ADDRESS	3551 SE SEAPOINT CT
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	FARINA, MIKE
STREET ADDRESS	FIVE COLD HILL ROAD #3
CITY-ST-ZIP	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Linda Person_   2/23/06   772 219 3417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #