


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N01000005173
 1. Entity Name
 JASMINE MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2605 SW 33RD ST. #200 P.O. BOX 2495
 OCALA, FL 34474 OCALA, FL 34474



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
 KIRKPATRICK, KENNETH
 2605 SW 33RD STREET
 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2008

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

00000306571
 04/08/08-80034-018 61.25

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 3551 SE SEAPOINT CT 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 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:  Al Farina 2/8/08 352/482-0777

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