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 Mar 13 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25637 (2)
 1. Corporation Name
 JASMINE GARDEN CLUB, INC.



Principal Place of Business Mailing Address
 C/O JOANNE GAEDE
 5931 GREY FOX RUN
 FT. MYERS FL 33912-2241
 US

3. Date Incorporated or Qualified
 03/28/1988
 4. FEI Number
 65-0069812
 Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association?
 Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 GORE, JUDY
 5931 GREY FOX RUN
 FT. MYERS FL 33912

10. Name and Address of New Registered Agent
 81 Name Gore, Judy
 82 Street Address (P.O. Box Number is Not Acceptable)
 1334 Gasparilla Dr.
 83
 84 City Ft. Myers FL 85 Zip Code 33901-771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Judy Gore (NOTE: Registered Agent signature required when reinstating) DATE 2/21/98

12. OFFICERS AND DIRECTORS	
TITLE P NAME GORE, JUDY STREET ADDRESS 5931 GREY FOX RUN CITY-ST-ZIP FT MYERS FL	<input checked="" type="checkbox"/> DELETE
TITLE T NAME WALKER, PAMELA STREET ADDRESS 16260 FAIRWAY WOODS DR., #1503 CITY-ST-ZIP FT MYERS FL	<input checked="" type="checkbox"/> DELETE
TITLE D NAME BUTCHER, ELLEN STREET ADDRESS 5312 CHIPPENDALE CIRCLE CITY-ST-ZIP FT. MYERS FL 33919-2204	<input type="checkbox"/> DELETE
TITLE D NAME KLEMP, WENDY STREET ADDRESS 16992 TIMBERLAKES DR SW CITY-ST-ZIP FT. MYERS FL	<input type="checkbox"/> DELETE
TITLE D NAME HOUSE, MARION STREET ADDRESS 3902 LIVERNE STREET CITY-ST-ZIP FT. MYERS FL 33912-3650	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President 1.2 NAME Joanne Gaede 1.3 STREET ADDRESS 5931 Grey Fox Run 1.4 CITY-ST-ZIP Ft. Myers, FL 33912-2241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE Treasurer 2.2 NAME Joan Sawyer 2.3 STREET ADDRESS 16662 Panther Paw Ct 2.4 CITY-ST-ZIP Ft. Myers, FL 33908-5509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joanne Gaede 2/21/98 941-437-7006

CR2E037 (10/97)