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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25637**

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	C/O JOANNE GAEDE 5931 GREY FOX RUN FT. MYERS FL 33912-2241 US

2. Principal Place of Business	2a. Mailing Address
21 C/O MARION HOUSE	26 C/O MARION HOUSE
Suite, Apt. #, etc. 22 3409 AVOCADO DRIVE	Suite, Apt. #, etc. 27 3409 AVOCADO DRIVE
City & State 23 FT. MYERS FL	City & State 28 FT. MYERS FL
Zip / Country 24 33901-7701 25 USA	Zip / Country 29 33901-7701 30 USA

3. Date Incorporated or Qualifed
03/28/1988

4. FEI Number
65-0069812 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

GORE, JUDY
1334 GASPARILLA DR
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAEDE, JOANNE 5931 GREY FOX RUN FT MYERS FL 33912	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P MARION HOUSE 3409 AVOCADO DRIVE FT. MYERS FL 33901-7701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SAWYER, JOAN 16662 PANTHER PAW CT FT MYERS FL 33908	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T D JOAN SAWYER 16321 ~~TIMBERLAKES DRIVE~~ #702 FAIRWAY WOODS #702 FT. MYERS, FL 33908	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTCHER, ELLEN 5312 CHIPPENDALE CIRCLE FT. MYERS FL 33919-2204	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEMP, WENDY 16992 TIMBERLAKES DR SW FT. MYERS FL	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D-S AMANDA JARRETT 1408 VEDOME CT. CAPE CORAL, FL 33904-9720	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSE, MARION 3902 LUVERNE STREET FT. MYERS FL 33912-3650	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D-V PAMELA WALKER 16260 FAIRWAY WOODS DRIVE #1503 FT. MYERS, FL 33908-5341	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Marion S. M. House RECMARION HOUSE 2-24-99 (941)334-1927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — *Daytime Phone #