

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001688

Entity Name: JASMINE LAKE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4851 TAMIAMI TRAIL N STE 400
NAPLES , FL 34103**Current Mailing Address:**4851 TAMIAMI TRAIL N STE 400
NAPLES , FL 34103 US**FEI Number: 65-1007424****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMPASS MANAGEMENT GROUP
4851 TAMIAMI TRAIL N STE 400
NAPLES , FL 34103 US*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:** COMPASS GROUP

04/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	BORELLI, PATRICK
Address	4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103

Title	VICE PRESIDENT
Name	SCHOTT, GREG
Address	4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103

Title	D
Name	WEISBERG, MARVIN
Address	4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103

Title	P
Name	WALLACE, BARBARA
Address	4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103

Title	D
Name	WEISHAMPEL, WILLIAM
Address	4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	DROLET, MARC
Address	4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA WALLACE**PRESIDENT**

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date