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.

PRESIDENT

#### SIGNATURE: ARMUND JANTO

I

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N0000001688

Entity Name: JASMINE LAKE HOMEOWNERS ASSOCIATION, INC.

#### **Current Principal Place of Business:**

2335 TAMIAMI TRAIL N STE 402 NAPLES, FL 34103

## **Current Mailing Address:**

2335 TAMIAMI TRAIL N STE 402 NAPLES, FL 34103 US

## FEI Number: 65-1007424

# Name and Address of Current Registered Agent:

CAMBRIDGE PROPERTY MANAGEMENT OF SWFL 2335 TAMIAMI TRAIL N STE 402 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.

		0	0, ,			
SIGNATURE:	STACY FULTS		(	04/15/2019		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	DIRECTOR			
Name	JANTO, ARMUND	Name	SCHOTT, GREG			
Address	2335 TAMIAMI TRAIL N STE 402	Address	2335 TAMIAMI TRAIL N STE 402			
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103			
		Title Name	SECRETARY PABIAS, CARA			
Address	2335 TAMIAMI TRAIL N STE 402	Address	2335 TAMIAMI TRAIL N STE 402			
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103			
Title	TREASURER					
Name	TYRELL, ED					
Address	2335 TAMIAMI TRAIL N STE 402					
City-State-Zip:	NAPLES FL 34103					

Certificate of Status Desired: No

FILED Apr 15, 2019 Secretary of State 4131108377CC

Date

04/15/2019