# 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: MIKE FARINA

Electronic Signature of Signing Officer/Director Detail

Entity Name: JASMINE MASTER ASSOCIATION, INC.

# Current Principal Place of Business:

2605 SW 33RD ST. #200 OCALA, FL 34471

#### **Current Mailing Address:**

P.O. BOX 2495 OCALA, FL 34478

## FEI Number: 03-0404013

## Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH 2605 SW 33RD STREET #200 OCALA, FL 34471 US FILED Mar 25, 2014 Secretary of State CC6864380269

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	D	Title	D
Name	TONA, FRANK J	Name	FARINA, AL
Address	7355 SW 38TH ST.	Address	3551 SE SEAPOINT CT
City-State-Zip:	OCALA FL 34474	City-State-Zip:	STUART FL 34997
Title	D		
Name	FARINA, MIKE		
Address	FIVE COLD HILL ROAD #3		
City-State-Zip:	MENDHAM NJ 07945		

DIRECTOR

03/25/2014

Date

Date