

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005173

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KIRKPATRICK, KENNETH  
2605 SW 33RD STREET  
#200  
OCALA, FL 34471 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP/D  
Name TONA, FRANK J  
Address 8439 SW 104TH AVENUE  
City-State-Zip: Ocala FL 34474

Title S/T/D  
Name FARINA, AL  
Address 3551 SE SEAPOINT CT  
City-State-Zip: STUART FL 34997

Title P/D  
Name FARINA, MIKE  
Address FIVE COLD HILL ROAD #3  
City-State-Zip: MENDHAM NJ 07945

*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**

**P/D**

**03/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date