

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46852

Entity Name: JASMINE RUN HOME OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**3511 S. PENINSULA DR
PORT ORANGE, FL 32127**Current Mailing Address:**3511 S. PENINSULA DR
PORT ORANGE, FL 32127 US**FEI Number:** 59-3109989**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSKAMP, MARK
3511 S. PENINSULA DRIVE
PORT ORANGE, FL 32127 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:** MARK ROSKAMP

04/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------|
| Title | D/T |
| Name | SOEHNER, KATE |
| Address | 4 JASMINE RUN |
| City-State-Zip: | ORMOND BEACH FL 32174 |

| | |
|-----------------|-----------------------|
| Title | DP |
| Name | MILLER, CHARLES |
| Address | 6 JASMINE RUN |
| City-State-Zip: | ORMOND BEACH FL 32174 |

| | |
|-----------------|-----------------------|
| Title | DVP |
| Name | NICKERSON, ED |
| Address | 3 JASMINE RUN |
| City-State-Zip: | ORMOND BEACH FL 32174 |

| | |
|-----------------|-----------------------|
| Title | D/S |
| Name | SHIPLEY, MICHAEL |
| Address | 9 JASMINE RUN |
| City-State-Zip: | ORMOND BEACH FL 32174 |

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: CHARLES MILLER

VP

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date