

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY -1 11 9:11

DOCUMENT # 700129 (0)

JASMINE HEIGHTS CIVIC ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1959	3a. Date of Last Report 03/24/1994
4. FEI Number 59-2399902	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

1. Principal Place of Business		2a. Mailing Address	
P O BOX 1035 ELFERS FL 34680		P O BOX 1035 ELFERS FL 34680	
2. Principal Place of Business	2b. Mailing Address	2c. Mailing Address	2d. Mailing Address
21. State Apt. #, etc.	26. State Apt. #, etc.	27. State Apt. #, etc.	28. State Apt. #, etc.
22. City & State	27. City & State	28. City & State	29. City & State
23. Zip	28. Zip	29. Zip	30. Zip
24. Country	29. Country	30. Country	31. Country

9. Name and Address of Current Registered Agent

**PERKINS, CLAIRE J.
4850 BOLA ST
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FISCHER, JUDITH	1.1 TITLE	☐ Change ☐ Addition
NAME	5334 SHAW ST	1.2 NAME	
STREET ADDRESS	NEW PORT RICHEY, FL00000	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	S ZUKUNFT, ANNETTE	2.1 TITLE	☐ Change ☐ Addition
NAME	5255 BOUGENVILLE DR.	2.2 NAME	
STREET ADDRESS	NEW PORT RICHEY, FL00000	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	D PRICE, ADDIE	3.1 TITLE	☐ Change ☐ Addition
NAME	5405 SHAW ST	3.2 NAME	
STREET ADDRESS	NEW PORT RICHEY, FL00000	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	T PERKINS, CLAIRE	4.1 TITLE	☐ Change ☐ Addition
NAME	4850 BOLA ST	4.2 NAME	
STREET ADDRESS	NEW PORT RICHEY, FL00000	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	P BUSH, BOYD	5.1 TITLE	☐ Change ☐ Addition
NAME	5810 10TH AVE	5.2 NAME	
STREET ADDRESS	NEW PORT RICHEY, FL	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	D TAYLOR, ROBERT	6.1 TITLE	☐ Change ☐ Addition
NAME	5406 SHAW ST	6.2 NAME	
STREET ADDRESS	NEW PORT RICHEY, FL00000	6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claire J. Perkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLAIRE J. PERKINS
4/25/95 813-861-8700
Date (Month/Day/Year)