

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700129 (0)

1. Corporation Name

JASMINE HEIGHTS CIVIC ASSOCIATION, INC.

Principal Place of Business

P O BOX 1035
ELFERS FL 34680

Mailing Address

P O BOX 1035
ELFERS FL 34680



3. Date Incorporated or Qualified
11/09/1959

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **5246 ALLA MANDAYE**

26 **P.O. Box 1035**

4. FEI Number
59-2399902

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **New Pt. Richey, FL**

28 **ELFERS, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **34652**

25 **U.S.A.**

29 **34680**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **FISCHER, JUDITH**
STREET ADDRESS **5334 SHAW ST**
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

1.1 TITLE **DIRECTOR:** ☐ Change ☒ Addition
1.2 NAME **MARK Fischer**
1.3 STREET ADDRESS **5334 Shaw St.**
1.4 CITY-ST-ZIP **New Pt. Richey FL 34652**

TITLE **S** ☐ DELETE
NAME **ZUKUNFT, ANNETTE**
STREET ADDRESS **5255 BOUGENVILLE DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

2.1 TITLE **PRESIDENT:** ☐ Change ☒ Addition
2.2 NAME **BURTON, BETTY**
2.3 STREET ADDRESS **5149 TANGELB DR.**
2.4 CITY-ST-ZIP **New Pt. Richey, FL 34652**

TITLE **D** ☐ DELETE
NAME **PRICE, ADDIE**
STREET ADDRESS **5405 SHAW ST**
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **PERKINS, CLAIRE**
STREET ADDRESS **4850 BOLA ST**
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **X** ☒ DELETE
NAME **BUSH, BOYD**
STREET ADDRESS **5810 10TH AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

5.1 TITLE **DIRECTOR:** ☒ Change ☐ Addition
5.2 NAME **Bush, Boyd**
5.3 STREET ADDRESS **5810-10th Ave.**
5.4 CITY-ST-ZIP **New Pt. Richey, FL**

TITLE **D** ☒ DELETE
NAME **TAYLOR, ROBERT**
STREET ADDRESS **5406 SHAW ST**
CITY-ST-ZIP **NEW PORT RICHEY, FL00000**

6.1 TITLE **VICE PRESIDENT:** ☐ Change ☒ Addition
6.2 NAME **Peter Lopaska**
6.3 STREET ADDRESS **7825 Deer Foot Dr.**
6.4 CITY-ST-ZIP **New Pt. Richey FL 34655**

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)(k), 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

4-24-96 813-847-9814

Date

Daytime Phone #

CR2E037 (12/95)