


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700129** (0)  
1. Corporation Name  
**JASMINE HEIGHTS CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>5246 ALLAMANDA DR NEW PT RICHEY FL 34652 US</b>	Mailing Address <b>P O BOX 1035 ELFERS FL 34680</b>
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3. Date Incorporated or Qualified <b>11/09/1959</b>
4. FEI Number <b>59-2399902</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>25</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>PERKINS, CLAIRE J. 4850 BOLA ST NEW PORT RICHEY FL 34652</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Claire J. Perkins - TREASURER DATE 4-29-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MARK FISCHER</b>
STREET ADDRESS	<b>5334 SHAW ST</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL00000</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S SEDERQUIST, JOANIE</b>
STREET ADDRESS	<b>2344 CHANCERY DR</b>
CITY-ST-ZIP	<b>HOLIDAY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D GERHKE, PAT</b>
STREET ADDRESS	<b>0853 GREENWICH AVE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T PERKINS, CLAIRE</b>
STREET ADDRESS	<b>4850 BOLA ST</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL00000</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>V BURTON, BETTY</b>
STREET ADDRESS	<b>5149 TAN GELO DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D TWAROG, MARGO</b>
STREET ADDRESS	<b>5228 HEMLOCK DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SECRETARY</b>
1.3 STREET ADDRESS	<b>ANNETTE ZUKUNFT</b>
1.4 CITY-ST-ZIP	<b>5255 BOULEVARD DR. NPR FL 34652</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DIRECTOR</b>
2.3 STREET ADDRESS	<b>JOSEPH FAUTGAX</b>
2.4 CITY-ST-ZIP	<b>1928 HARPOON DR HOLIDAY FL 34690</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DIRECTOR</b>
3.3 STREET ADDRESS	<b>ROBERT KLAUSCH</b>
3.4 CITY-ST-ZIP	<b>9470 SACRAMENTO DR N.P.R. FL 34652</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PRESIDENT</b>
4.3 STREET ADDRESS	<b>PETER LOPASKA</b>
4.4 CITY-ST-ZIP	<b>7625 DEER FOOT DR NPR FL 34653</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Claire Perkins 4/29/98 813-847-9814

CR2E037 (10/97)