

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90014 036 \*\*\*\*61.25

**DOCUMENT # 718214**

1. Entity Name  
**JASMINE GARDENS CONDOMINIUM, INC.**



Principal Place of Business  
**7100 W COMMERCIAL BLVD.  
SUITE 107  
LAUDERDALE LAKES, FL 33313**

Mailing Address  
**7100 W COMMERCIAL BLVD.  
SUITE 107  
LAUDERDALE LAKES, FL 33313**

40033010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-NP CR2E037 (12/06)

City & State  
**Lauderhill**

City & State  
**Lauderhill**

4. FEI Number  
**59-1372862**

Applied For  
Not Applicable

Zip  
**33319**

Country

Zip  
**33319**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMBASSADOR COMMUNITY MGMT., INC  
7100 W COMMERCIAL BLVD.  
SUITE 107  
FORT LAUDERDALE, FL 33319**

Name

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

City **Lauderhill**

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
DIORID, ADOLFO  
5111 N OAKLAND PARK BLVD 201  
FORT LAUDERDALE, FL 33313** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VP  
Gombao, Girardo  
5111 W. Oakland Park Blvd, Apt. 111  
Lauderdale Lakes, FL 33313** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PURHAIT, JAYNATILAL  
5111 W OAKLAND PARK BLVD 301  
FORT LAUDERDALE, FL 33313** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TALLY, ANNE  
5111 W OAKLAND PARK BLVD 206  
FORT LAUDERDALE, FL 33313** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MAY, GEORGE  
5111 W OAKLAND PARK BLVD 106  
FORT LAUDERDALE, FL 33313** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Rodkin, Anne  
5111 W. Oakland Blvd #214  
Lauderdale Lakes, FL 33313** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*ANNE RODKIN* **ANNE RODKIN**

**3/1/07 (954) 485-8726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #