2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 749986

1. Entity Name
JASPER PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4611 SE 5TH PLACE CAPE CORAL, FL 33904	P.O. BOX 151845 CAPE CORAL, FL 33915

DO NOT WRITE IN THIS SPACE

04132006   No Chg-NP   CR2E037 (11/05)

4. FEI Number	Applied For
59-2173892	Not Applicable

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

6. Name and Address of Current Registered Agent

ZUNINO, PAOLA
3645 SE 8TH PLACE
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

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 _____   Paola Zunino   4/20/06

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, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, SUSAN
STREET ADDRESS	4611 SE 5TH PL #7
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	STD
NAME	CORYELL, JUDITH
STREET ADDRESS	4611 SE 5TH PL #10
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	VPD
NAME	BELLIZZI, GEORGE
STREET ADDRESS	4611 SE 5TH PL #5
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/20/06   239-540-8475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #