

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 027 ****61.25

DOCUMENT # 761453 1. Entity Name JASMINE POND PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1050A ELW PKWY. OLDSMAR, FL 34677 US		Mailing Address 1050A ELW PKWY. OLDSMAR, FL 34677 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677	
City & State Oldsmar, FL 34677		Country US	
Zip 34677		4. FEI Number 59-2442559	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 1050A ELW PKWY OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name Scannavino, Inc. Street A 720 Brooker Creek Blvd. #206 City Oldsmar, FL 34677	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> 4-15-07 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 PD NAME WILLIAMS, TODD STREET ADDRESS 4009 BAINWOOD CT CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME KNIGHT, TAMMY STREET ADDRESS 4002 CIRCLEWOOD CT. CITY-ST-ZIP TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE VD NAME KASS, IRIS STREET ADDRESS 8706 JASMINE POND DR. CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME NICHOLS, CHERYL STREET ADDRESS 8702 JASMINE POND CIR CITY-ST-ZIP TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE PD NAME BUBLITZ, BOB STREET ADDRESS 8708 JASMINE POND DR. CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/10/07 <small>DATE</small>	
<small>Daytime Phone #</small>			