

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90037 032 ****61.25

DOCUMENT # N01000005173

1. Entity Name
JASMINE MASTER ASSOCIATION, INC.



Principal Place of Business
**5655 SW EVANS DR
STUART, FL 34997**

Mailing Address
**PO BOX 329
STUART, FL 34995**



2. Principal Place of Business - No P.O. Box #
2605 SW 33rd St. #200
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2495
Suite, Apt. #, etc.

City & State
Ocala, FL 34474

City & State
Ocala, FL 34474

02132007 Chg-NP CR2E037 (12/06)

4. FEI Number
03-0404013

Applied For
☐ Not Applicable

Zip
34474

Country
USA

Zip
34474

Country
USA

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

6. Name and Address of Current Registered Agent

**MACKAY, DAVID L
2801 SOUTHWEST COLLEGE ROAD
SUITE 1
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name
Kenneth Kirkpatrick

Street Address (P.O. Box Number is Not Acceptable)
2605 SW 33rd Street

City
Ocala

FL

Zip Code
34474

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

Kenneth Kirkpatrick

3/1/07

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TONA, FRANK J
6240 SOUTHWEST STATE ROAD 200
OCALA, FL 34477** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FARINA, AL
3551 SE SEAPOINT CT
STUART, FL 34997** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FARINA, MIKE
FIVE COLD HILL ROAD #3
MENDHAM, NJ 07945** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Farina

Date

3-1-07

352/369-9881

Daytime Phone #