

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005173

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: JASMINE MASTER ASSOCIATION, INC.

## Current Principal Place of Business:

2605 SW 33RD ST. #200  
OCALA, FL 34474

## New Principal Place of Business:

2605 SW 33RD ST.  
#200  
OCALA, FL 34471

## Current Mailing Address:

P.O. BOX 2495  
OCALA, FL 34474

## New Mailing Address:

P.O. BOX 2495  
OCALA, FL 34478

FEI Number: 03-0404013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH  
2605 SW 33RD STREET  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

KIRKPATRICK, KENNETH  
2605 SW 33RD STREET  
#200  
OCALA, FL 34471 US

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.

SIGNATURE:

03/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TONA, FRANK J  
Address: 6240 SOUTHWEST STATE ROAD 200  
City-St-Zip: OCALA, FL 34477

Title: D ( ) Delete  
Name: FARINA, AL  
Address: 3551 SE SEAPOINT CT  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: FARINA, MIKE  
Address: FIVE COLD HILL ROAD #3  
City-St-Zip: MENDHAM, NJ 07945

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE FARINA

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date