

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005173

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** JASMINE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2495  
OCALA, FL 34478

**New Mailing Address:**

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  
#200  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MIKE FARINA

D

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date