

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006411

FILED
Mar 21, 2009
Secretary of State

Entity Name: JASMINE LAKE RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

C/O BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 13-4220163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAUBOLT, ROBERT R
BONITA MANAGEMENT GROUP, INC
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 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: TD () Delete
Name: FRATTARELLI, LOU
Address: 23720 JASMINE LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL

Title: D () Delete
Name: DONAHUE, CLARE
Address: 23810 JASMINE LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: HUBER, HAROLD
Address: 23880 JASMINE LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL

Title: PD () Delete
Name: ANDERSON, JOHN
Address: 23830 JASMINE LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD () Delete
Name: CIANCI, TONY
Address: 23861 JASMINE LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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:

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: JOHN ANDERSON

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date