

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05 MAY 10 2005

DOCUMENT # N03000003793

1. Entity Name
JASMINE POINTE AT CARLTON LAKES COMMONS, INC.



FILED

05 MAY -3 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O PEGASUS PROPERTY MANAGEMENT
17595 S. TAMiami TRAIL, SUITE 100
FORT MYERS, FL 33908

Mailing Address
C/O PEGASUS PROPERTY MANAGEMENT
17595 S. TAMiami TRAIL, SUITE 100
FORT MYERS, FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005 Chg-NP CR2E037 (10/03)

4. FEI Number
33-1085554

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
SUITE 250
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name PEGASUS PROPERTY MGMT

Street Address (P.O. Box Number is Not Acceptable)

17595 SOUTH TAMiami TRAIL, SUITE 100

City FORT MYERS

FL

Zip Code 33908

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

THOMAS E EATON

THOMAS E EATON

4/26/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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 PD ☒ Delete
NAME COMEAU, PETER
STREET ADDRESS 2907 BAY TO BAY BLVD., #202
CITY-ST-ZIP TAMPA, FL 33629

TITLE VPD ☒ Delete
NAME CAMPBELL, JOHN
STREET ADDRESS 12730 NEW BRITTANY BLVD, STE 403
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE STD ☒ Delete
NAME FORKELL, DANIEL
STREET ADDRESS 2907 BAY TO BAY BLVD. SUITE 301
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME TONY IANNONE
STREET ADDRESS 5615 SHERBORN DRIVE #102
CITY-ST-ZIP NAPLES, FL 34110

TITLE DVP ☐ Change ☒ Addition
NAME THEODORE LAKE, JR
STREET ADDRESS 5640 SHERBORN DRIVE #101
CITY-ST-ZIP NAPLES, FL 34110

TITLE DS ☐ Change ☒ Addition
NAME THALIA LAKE
STREET ADDRESS 5640 SHERBORN DRIVE #101
CITY-ST-ZIP NAPLES, FL 34110

TITLE DT ☐ Change ☒ Addition
NAME SANDRA AVAYOU
STREET ADDRESS 5620 SHERBORN DRIVE #102
CITY-ST-ZIP NAPLES, FL 34110

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TONY IANNONE

4-26-05

495-9968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #