

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000003794

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY -9 PM 3:18

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  
33-1085550

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE VPD ☒ Delete  
NAME CAMPBELL, JOHN  
STREET ADDRESS 12730 NEW BRITTANY BLVD., STE 403  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE DST ☐ Change ☒ Addition  
NAME GEOFFREY ILES  
STREET ADDRESS 5635 SHERBORN DRIVE #202  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 400054670104  
STREET ADDRESS 05/17/05--01035--019  
CITY-ST-ZIP \*\*61.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #