## 2004 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

6. Name and Address of Current Registered Agent

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # N03000009988 04-29-2004 90259 042 \*\*\*\*61.25 1. Entity Name JASMINE POINTE AT COLONIAL SECTION III CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PULTE HOME CORPORATION C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD, SUITE 102 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 20-1036534 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

STACKHOUSE, EDWIN D Street Address (P.O. Box Number is Not Acceptable) C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 City 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	RE							
	Filing Fee is \$61.25  Due by May 1, 2004  9. Election Camp Trust Fund Co				\$5.00 May Be Added to Fees	Make check Florida Depar		
10.	OFFICERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STACKHOUSE, EDWIN D 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEMPTON, JOHN STEVEN 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAY, LAURA 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

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:

**FILED** 

7. Name and Address of New Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR