2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCI IMENIT # NI03000000088



FILED
May 08, 2006 8:00 am
Secretary of State

1. Entity Name JASMINE POINTE AT COLONIAL SECTION III CONDOMINIUM ASSOCIATION, INC.						05-	-08-2006 90)294 016 ****61.	25	
Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N, #201 NAPLES, FL 34103			Mailing Address C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N, #201 NAPLES, FL 34103							
2. Principal Pl	ace of Busir	ness	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04052006 CI	ng-NP	CR2E037 (11/05)		
City & State			City & State				4. FEI Number 20-103653	4		pplied For ot Applicable
Zip		Country	Zip	untry	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					
STACKHOUSE, EDWIN D					Name Shields, Christopher J. Street Address (P.O. Box Number is Not Acceptable)					
C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD, SUITE 102				1833 Hendry Street						
BONITA SPRINGS, FL 34135				-		City Ft. Myers FL 33902 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.										, and accept
(Y)										
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign F Trust Fund Contribut					~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
10.		OFFICERS AND DIR	ECTORS	11.			ADDITIONS/CHANG	ES TO OFFICER	RS AND DIRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAM STRE		100	eman, Velma Jean 19 Sky View Way #1406 Myers, FL 33913			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					_	DVP Change Addition Christiano, Albert 10018 Sky View Way #803 Ft. Myers, FL 33913				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i i					TA 84 TI 00040				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAN Stri					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAM Stri					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAM STR	RE EET ADDRESS (-ST-ZIP		in Chapter 110 Fla		☐ Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery 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.

Je. SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #