

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90182 007 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                            |                                                                                                                             |                                                                                   |  |
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| <b>DOCUMENT # N03000009988</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                            |                                                                                                                             |  |  |
| <b>1. Entity Name</b><br><b>JASMINE POINTE AT COLONIAL SECTION III</b><br><b>CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                            |                                                                                                                             |                                                                                   |  |
| <b>Principal Place of Business</b><br><b>C/O INTEGRATED PROPERTY MGMT</b><br><b>3435 10TH STREET N, #201</b><br><b>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                            | <b>Mailing Address</b><br><b>C/O INTEGRATED PROPERTY MGMT</b><br><b>3435 10TH STREET N, #201</b><br><b>NAPLES, FL 34103</b> |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | <b>3. Mailing Address</b>                                                                  |                                                                                                                             |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | Suite, Apt. #, etc.                                                                        |                                                                                                                             |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | City & State                                                                               |                                                                                                                             |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                                   | Zip                                                                                        | Country                                                                                                                     | <b>4. FEI Number</b><br><b>20-1036534</b>                                         |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                            |                                                                                                                             | <b>\$8.75 Additional Fee Required</b>                                             |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                            | <b>7. Name and Address of New Registered Agent</b>                                                                          |                                                                                   |  |
| <b>SHIELDS, CHRISTOPHER J</b><br><b>1833 HENDRY ST</b><br><b>POB 1507</b><br><b>FORT MYERS, FL 33902</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                            | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                                           |                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                            |                                                                                                                             |                                                                                   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                            |                                                                                                                             |                                                                                   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |                                                                                                                             |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DP</b><br><b>RODEMAN, VELMA J</b><br><b>10019 SKY VIEW WAY STE 1406</b><br><b>FORT MYERS, FL 33913</b> | <input type="checkbox"/> Delete                                                            |                                                                                                                             |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DVP</b><br><b>CHRISTIANO, ALBERT</b><br><b>10018 SKY VIEW WAY 803</b><br><b>FORT MYERS, FL 33913</b>   | <input type="checkbox"/> Delete                                                            |                                                                                                                             |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DS</b><br><b>BARNES, GLENN</b><br><b>10018 SKY VIEW WAY 806</b><br><b>FORT MYERS, FL 33913</b>         | <input checked="" type="checkbox"/> Delete                                                 |                                                                                                                             |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DS</b><br><b>Johnson, Lynne</b><br><b>10018 Sky View Way, #807</b><br><b>Ft. Myers, FL 33913</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                                                                             |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                             |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                             |                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                             |                                                                                   |  |
| <b>12. 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 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.</b> |                                                                                                           |                                                                                            |                                                                                                                             |                                                                                   |  |
| <b>SIGNATURE:</b> <u>Velma Jean Rodeman, President</u> <b>VELMA JEAN RODEMAN 3-29-07</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                            |                                                                                                                             |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                            |                                                                                                                             |                                                                                   |  |
| Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                            |                                                                                                                             |                                                                                   |  |

CE11 765-438-0483