2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90014 037 ****61.25

DOCUMENT # N03000009988

1. Entity Name
JASMINE POINTE AT COLONIAL SECTION III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N, #201 NAPLES, FL 34103	C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N, #201 NAPLES, FL 34103

03062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-1036534 ☐ 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
BECKER & POLIAKOFF, P.A. % JOSEPH E. ADAMS, ESQ. 14241 METROPOLIS AVE., SUITE 100 FORT MYERS, FL 33912	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

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RODEMAN, VELMA J 10019 SKY VIEW WAY STE 1406 FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Rodeman, Donald 10019 Sky View Way #1406 Ft. Myres, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CHRISTIANO, ALBERT 10018 SKY VIEW WAY 803 FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Christiano, Al 10018 Sky View Way #803 Ft. Myers, FL 33913	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JOHNSON, LYNNE 10018 SKY VIEW WAY #807 FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Johnson, Lynne 10018 Sky View Way, #807 Ft. Myers, FL 33913	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 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.

SIGNATURE: Donald Rodeman DONALD RODEMAN 4-19-08 239-768-68
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #