

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 013 ****61.25

DOCUMENT # N05000000244

1. Entity Name

JASMINE PROFESSIONAL PARK ASSOCIATION, INC.



Principal Place of Business

7500 SW 61ST AVE
SUITE 200
OCALA FL 34476

Mailing Address

7500 SW 61ST AVE
SUITE 200
OCALA FL 34476



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

84-1695223

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

SADLOWSKI, LOYDE W
7500 SW 61ST AVE Suite 200
OCALA FL 34476

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 and title are required)

DATE

FILE NOW: 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

TITLE D ☐ Delete
NAME SANBORN, JAMES
STREET ADDRESS 10907 S.W. 58TH AVE. ROAD
CITY- ST- ZIP Ocala FL 34476

TITLE SADL ☐ Delete
NAME OWSKI, LOYDE W
STREET ADDRESS 7500 SW 61ST AVE
CITY- ST- ZIP Ocala FL 34476

TITLE D ☐ Delete
NAME FARINA, MICHAEL R
STREET ADDRESS 50 BEACH ROAD 104
CITY- ST- ZIP TEQUESTA FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☒ Change ☐ Addition
NAME Sadlowski, Loyde W.
STREET ADDRESS 7500 SW 61ST Ave, Ste 200
CITY- ST- ZIP Ocala, FL 34476

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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 life empowered.

SIGNATURE:

[Signature] LOYDE W SADLOWSKI 1/25/08/352/84-008