2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N05000000244

Entity Name: JASMINE PROFESSIONAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

7500 SW 61ST AVE
SUITE 200
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

7500 SW 61ST AVE
SUITE200
OCALA, FL 34476

New Mailing Address:

7500 SW 61ST AVE
SUITE 200
OCALA, FL 34476

FEI Number: 84-1695223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: LOYDE W. SADLOWSKI 03/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SANBORN, JAMES
Address: 10907 S.W. 58TH AVE. ROAD
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: SADLOWSKI, LOYDE W
Address: 7500 SW 61ST AVE, STE 200
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: FARINA, MICHAEL R
Address: 50 BEACH ROAD 104
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOYDE W. SADLOWSKI D 03/23/2009
Electronic Signature of Signing Officer or Director Date