

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005205

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: JASMYN PROPERTIES, INC.

**Current Principal Place of Business:**

923 PENINSULAR PLACE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380103  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 35-2300207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WATSON, CYNTHIA  
923 PENINSULAR PLACE  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CASTRO, EDITH  
Address: 10336 ARROWHEAD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: HAWLEY, BETH  
Address: 93886 LAUREL GROVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: SARAGA, FRIEDA  
Address: 3820 LA VISTA CIRCLE, #116  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: SWANHART, MICHAEL  
Address: 5320 LEXINGTON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: WATSON, CYNTHIA  
Address: 7631 PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32208

**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:

Title: D (X) Change ( ) Addition  
Name: SWANHART, MICHAEL  
Address: 1748 HORTON DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Change ( ) Addition  
Name: WATSON, CYNTHIA  
Address: 111 TROUT RIVER TERRACE  
City-St-Zip: JACKSONVILLE, FL 32208

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: CYNTHIA WATSON

DIR

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date