

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007133

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** JASMINE ESTATES OF W MELBOURNE HOME OWNERS ASSOCIATION INC

**Current Principal Place of Business:**

4195 W NEW HAVEN AVE  
SUITE 15  
W MELBOURNE, FL 32904

**New Principal Place of Business:**

3453 W. NEW HAVEN AVE  
W MELBOURNE, FL 32904

**Current Mailing Address:**

4195 W NEW HAVEN AVE  
SUITE 15  
W MELBOURNE, FL 32904

**New Mailing Address:**

3453 W. NEW HAVEN AVE  
W MELBOURNE, FL 32904

**FEI Number:** 27-0599010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUHN, JAKE  
4195 W NEW HAVEN AVE  
SUITE 15  
W MELBOURNE, FL 32904 US

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

LUHN, JAKE  
3453 W. NEW HAVEN AVE  
W MELBOURNE, FL 32904 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: JAKE LUHN

01/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUHN, JAKE  
Address: 3453 W. NEW HAVEN AVE  
City-St-Zip: W MELBOURNE, FL 32904

Title: VP  
Name: NATHAN, TOM  
Address: 3453 W. NEW HAVEN AVE  
City-St-Zip: W MELBOURNE, FL 32904

Title: ST  
Name: SILVEA, DAN  
Address: 3453 W. NEW HAVEN AVE  
City-St-Zip: W MELBOURNE, FL 32904

I hereby 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 all other like empowered.

SIGNATURE: JAKE LUHN

PRES

01/18/2012

Electronic Signature of Signing Officer or Director

Date