

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90015 042 \*\*\*\*61.25

<b>DOCUMENT # N11207</b> 1. Entity Name <b>JASMINE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONSOLIDATED COMMUNITY MGMT 10034 W MCNAB RD TAMARAC FL 33321 US</b>			Mailing Address <b>CONSOLIDATED COMMUNITY MGMT 10034 W MCNAB RD TAMARAC FL 33321 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2613546</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MILES, JAMES CONSOLIDATED COMMUNITY MGMT 10034 W MCNAB RD TAMARAC FL 33321</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when appointing)</small>					
<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KALLEN, MARTY 10034 W MCNAB RD TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SIGGINS, JAY 10034 W. MCNAB Rd. TAMARAC, FL 33321</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GIACONIA, MICHELE 10034 W MCNAB RD TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RAND, STEVEN 10034 W. MCNAB Rd. TAMARAC, FL 33321</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEMELLE, BLAINE 10034 W MCNAB RD TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ANDERSON, ROBERT 10034 W. MCNAB Rd. TAMARAC, FL 33321</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD YOUNG, VENESSA 10034 W MCNAB RD TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOXER, WARREN 10034 W. MCNAB Rd. TAMARAC, FL 33321</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GORDON, MICHAEL 10034 W MCNAB RD TAMARAC FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GORDON, MICHAEL 10034 W. MCNAB Rd. TAMARAC, FL 33321</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BIDER, JOYCE 10034 W. MCNAB Rd. TAMARAC, FL 33321</b>	
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 like empowered.					
<b>SIGNATURE:</b>			Date: <b>3/7/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		



ATTACHMENT

66004625

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2006

JASMINE HOMEOWNERS' ASSOCIATION, INC.  
CONSOLIDATED COMMUNITY MGMT  
10034 W MCNAB RD  
TAMARAC, FL 33321 US

Subject: JASMINE HOMEOWNERS' ASSOCIATION, INC.

Reference Number:

N11207

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION