

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11207

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: JASMINE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

CONSOLIDATED COMMUNITY MGMT  
10034 W MCNAB RD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

CONSOLIDATED COMMUNITY MGMT  
10034 W MCNAB RD  
TAMARAC, FL 33321 US

**New Mailing Address:**

FEI Number: 59-2613546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROUGH, CHADROW & LEVINE PA  
CONSOLIDATED COMMUNITY MGMT  
1900 N. COMMERCE PKWY  
WESTON, FL 33326 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: VPD ( ) Delete  
Name: SIGGINS, JAY  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete  
Name: ANDERSON, ROBERT  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: BOXER, WARREN  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: PD ( ) Delete  
Name: GORDON, MICHAEL  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

**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: ( ) 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: MICHAEL GORDON

P

03/03/2009

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

\_\_\_\_\_  
Date