2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14465

FILED Mar 31, 2008 Secretary of State

Entity Name: JASMINE TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10410 GROVE DRIVE 5901 US HWY 19 PORT RICHEY, FL 34668 SUITE 7Q NEW PORT RICHEY, FL 34652 **Current Mailing Address:** New Mailing Address: 5901 US HWY 19 P.O. BOX 802 PORT RICHEY, FL 34673 SUITE 7Q NEW PORT RICHEY, FL 34652 FEI Number: 59-2892672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: D'ARMAND, TANYA QUALIFIED PROPERTY 10212 PEOPLES LP 5901 US HWY 19 PORT RICHEY, FL 34668 US SUITE 7 Q NEW PORT RICHEY, FL 34652 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: MARY WHITE 03/31/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition CRAWFORD, LAURIE Name: Name: 8211 NATIONAL DR Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: (X) Change () Addition GILCHRIST, BRYAN Name: D'ARMAND, TANYA Name: Address: 8417 NATIONAL DR Address: 5901 US HWY 19 City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 Title: VDT () Delete Title: VD. (X) Change () Addition ECHLE, EDWARD ECHLE, EDWARD Name: Name: Address: 8216 NATIONAL DR Address: 5901 US HWY 19 City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 Title: SD () Delete Title: () Change () Addition Name: BONTYA, MARILYN Name: 8335 GOLDOME DR. Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: (X) Change () Addition D'ARMAND, TANYA GILCHRIST, BRYAN Name: Name: 10212 PEOPLES LP 5901 US HWY 19 Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652 Title: () Delete Title: () Change () Addition KAPLINSKI, LAUREN Name: Name: Address: 10409 BARNETT LP Address: PORT RICHEY, FL 34668 City-St-Zip: 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: MARY WHITE CEO 03/31/2008