2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

					C11 4-15		
DOCUMENT # N14465 1. Entity Name JASMINE TRAILS HOMEOWNERS ASSOCIATION, INC.				SECF DIVISIO 08 AF	FILED HETARY OF STA H OF CORPORA R 23 PM 2	te T1045 : 47	
Principal Place of Business 5901 US HWY 19 5901 US HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652 Mailing Address 5901 US HWY 19 SUITE 7Q NEW PORT RICHEY, FL 34652			4652				
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Suite, Apt. #, etc. Suite, Apt. #, etc.				04112008	Chg-NP	CR2E037 (12/06)	
Port Richay H. Port Richa			- 1. 59-2892672 No.		plied For t Applicable		
3466		34673	US A	5. Certificate of		S8.75 Add	
	6. Name and Address of Current R	7. Name and A	ddress of New Reg	gistered Agent			
3337 337				Address (P.O. Blox Number is Not Acceptable)			
SUITE 7 Q NEW PORT RICHEY, FL 34652			10	212 Peop	les Look	2	
City Pint Pichen FL Zip Code 68							468
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 Janua D'Ornand Signature, typed or projet name of registored agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
		nd title if applicable. (NOTE: R	egistered Agent signatur	re required when reinstating)		DATE	
		9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		DATE ke check payable to a Department of St	
	Signature, typed or pringed name of registered agent as	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Florid	ke check payable to	tate
10.	Amended AR is \$61.25 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing ntribution. [\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of St	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.