

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N14465

1. Entity Name
JASMINE TRAILS HOMEOWNERS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 23 PM 2:47

Principal Place of Business
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

Mailing Address
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

2. Principal Place of Business - No P.O. Box #
10410 Grove Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 802
Suite, Apt. #, etc.



04112008 Chg-NP CR2E037 (12/06)

City & State
Port Richey, Fl.
Zip
34668
Country
USA

City & State
Port Richey, Fl.
Zip
34673
Country
USA

4. FEI Number
59-2892672
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUALIFIED PROPERTY
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name
Tanya D'Armand
Street Address (P.O. Box Number is Not Acceptable)
10212 Peoples Loop
City
Port Richey FL Zip Code
34668

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
Tanya D'Armand
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	D'ARMAND, TANYA	
STREET ADDRESS	5901 US HWY 19	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ECHLE, EDWARD	
STREET ADDRESS	5901 US HWY 19	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONTYA, MARILYN	
STREET ADDRESS	8335 GOLDOME DR.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILCHRIST, BRYAN	
STREET ADDRESS	5901 US HWY 19	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLINSKI, LAUREN	
STREET ADDRESS	10409 BARNETT LP	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10212 Peoples Loop	
STREET ADDRESS	Port Richey, Fl. 34668	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8216 National Dr.	
STREET ADDRESS	Port Richey, Fl. 34668	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances Y. Monahan	
STREET ADDRESS	8335 Goldome Dr.	
CITY-ST-ZIP	Port Richey, Fl. 34668	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8417 National Dr.	
STREET ADDRESS	Port Richey, Fl. 34668	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100128778571

05/07/08 01042-008 ***61.25

B 4/24/08

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.

SIGNATURE
Tanya D'Armand - President