

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14465

FILED
Mar 13, 2009
Secretary of State

Entity Name: JASMINE TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10410 GROVE AVE
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2892672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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: P () Delete
Name: GILCHRIST, BRYAN
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: FARRIS, AL
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: ECHLE, EDWARD
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T () Delete
Name: MCCARTHEY, DANIEL
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: KAPLINSKI, LAUREN
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CUDIA, SHARON
Address: 5901 US 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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

AGEN

03/13/2009

Electronic Signature of Signing Officer or Director

Date