

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14465

FILED  
Apr 08, 2011  
Secretary of State

Entity Name: JASMINE TRAILS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

5901 US 19 SUTIE 7Q  
SUITE 7Q  
NEW PORT RICHEY, FL 34668

## New Principal Place of Business:

COMMUNITY MANAGEMENT CONCEPTS  
4585 140TH AVE N, SUITE 1012  
CLEARWATER, FL 33762

## Current Mailing Address:

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

## New Mailing Address:

4585 140TH AVE N, SUITE 1012  
SUITE 1012  
CLEARWATER, FL 33762 US

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:

COMMUNITY MANAGEMENT CONCEPTS  
4585 140TH AVE N, SUITE 1012  
SUITE 1012  
CLEARWATER, FL 33762 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: KIRK BLISS

04/08/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: CASSANO, ROBERT  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD  
Name: TABONE, CHARLES  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

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

Title: VD  
Name: CORNELL, JOAN  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CASSANO

PD

04/08/2011

Electronic Signature of Signing Officer or Director

Date