3-22-95 B-0513-XC

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:46

DOCUMENT # N27090 (2)

1. Corporation Name

JASMINE LAKES COMMUNITY & CIVIC ASSOCIATION, INC

Principal Place of Business	Mailing Address
7137 JASMINE BLVD PT RICHEY FL 34668 US	7137 JASMINE BLVD PORT RICHEY FL 34668 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1988
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2910251 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

CHARLES T. THIEL
7703 JASMINE BLVD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: FABIO UNGARO
82 Street Address (P.O. Box Number is Not Acceptable): 10302 ORCHID DR
83:
84 City: PORT RICHEY, FL. FL 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Fabio Ungaro - FABIO UNGARO - TREASURER — MARCH 17, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HAINES, THOMAS	1.2 NAME	
STREET ADDRESS	7737 PINEAPPLE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DULUDE, WILLIAM	2.2 NAME	
STREET ADDRESS	10330 ORCHID DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition VP
NAME	HALT, WILLIAM	3.2 NAME	WILSON, CHARLES JR
STREET ADDRESS	7524 REDCOAT AVE.	3.3 STREET ADDRESS	7908 PORTAGE DR
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	PORT RICHEY, FL.
TITLE	T	4.1 TITLE	☐ Change ☐ Addition T
NAME	THIEL, CHARLES	4.2 NAME	UNGARO, FABIO
STREET ADDRESS	7703 JASMINE BLVD.	4.3 STREET ADDRESS	10302 ORCHID DR
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	PORT RICHEY, FL
TITLE	DD	5.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, ALFRED	5.2 NAME	
STREET ADDRESS	10211 ORCHID DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FALSONE, THOMAS	6.2 NAME	
STREET ADDRESS	10324 ORCHID DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fabio Ungaro - FABIO UNGARO - TREASURER — MARCH 17, 1995 — 813-863-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007860