FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

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

600001817186
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3. Date Incorporated or Qualified: 07/01/1988	3a. Date of Last Report: 03/22/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~UNGARO, FABIO~~
~~10302 ORCHID DR~~
~~PORT RICHEY FL 34668~~

ANDERSON F. MARIE
10133 OAK HILL DR
PORT RICHEY, FL 34668

10. Name and Address of New Registered Agent

81 Name: ANDERSON F. MARIE
82 Street Address (P.O. Box Number is Not Acceptable): 10133 OAK HILL DR
83
84 City: PORT RICHEY FL 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: ANDERSON MARIE F TREASURER — Marie F. Anderson - Treasurer — DATE: 4-18-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAINES, THOMAS 7737 PINEAPPLE LANE PORT RICHEY FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P SCHLUETER BRUNE 7339 STARDUST DR PORT RICHEY, FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DULUDE, WILLIAM 10330 ORCHID DR PT RICHEY FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP PIETROWSKI JOHN 7130 CHERRY LAUREL DR PORT RICHEY FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILSON, CHARLES J 7908 PORTAGE DR PORT RICHEY FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S TAYLOR VIRGINIA C. 7830 JASMINE BLVD PORT RICHEY FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T UNGARO, FABIO 10302 ORCHID DR PORT RICHEY FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T ANDERSON MARIE 10133 OAK HILL DR PORT RICHEY FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD PARKER, ALFRED 10211 ORCHID DR PT RICHEY FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D PATRICK MERLE 7921 PINEAPPLE LN PORT RICHEY FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALSONE, THOMAS 10324 ORCHID DR. PORT RICHEY FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D CONLON JOHN 10341 HICKORY HILL DR PORT RICHEY FL 34668	☒ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Marie F Anderson — MARIE F. ANDERSON TRES. — 4-18-96 — 813-869-5706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #