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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27090 (2)
1. Corporation Name
JASMINE LAKES COMMUNITY & CIVIC ASSOCIATION, INC



Principal Place of Business 7137 JASMINE BLVD PORT RICHEY FL 34668 US	Mailing Address 7137 JASMINE BLVD PORT RICHEY FL 34668-3120 US
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3. Date Incorporated or Qualified 07/01/1988	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2910251	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RENKE, JOHN K II
7637 LITTLE ROAD
NEW PORT RICHEY FL 34654**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SCHLUETER, BRUNE	1.2 NAME	Taylor, Donald L.
STREET ADDRESS	7339 STARDUST DR.	1.3 STREET ADDRESS	7830 Jasmine Blvd.
CITY-ST-ZIP	PORT RICHEY FL 34668	1.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	VP ☒ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	PIETROWSKI, JOHN	2.2 NAME	Snizek, William
STREET ADDRESS	7130 CHERRY LAUREL DR.	2.3 STREET ADDRESS	10316 Amadeus
CITY-ST-ZIP	PORT RICHEY FL 34668	2.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	S ☐ DELETE	3.1 TITLE	T ☒ Change ☐ Addition
NAME	TAYLOR, VIRGINIA C	3.2 NAME	Williams, Charlene V.
STREET ADDRESS	7830 JASMINE BLVD.	3.3 STREET ADDRESS	7827 Pineapple Lane
CITY-ST-ZIP	PORT RICHEY FL 34668	3.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	T ☒ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	ANDERSON, MARIE	4.2 NAME	Baker, Merle
STREET ADDRESS	10133 OAK HILL DR.	4.3 STREET ADDRESS	10337 Linda Sue Ct.
CITY-ST-ZIP	PORT RICHEY FL 34668	4.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	D ☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	PATRICK, MERLE	5.2 NAME	Thiel, Charles
STREET ADDRESS	7921 PINEAPPLE LN	5.3 STREET ADDRESS	7703 Jasmine Blvd.
CITY-ST-ZIP	PORT RICHEY FL 34668	5.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	D ☒ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME	CONLON, JOHN	6.2 NAME	Ferraro, Joseph
STREET ADDRESS	10341 HICKORY HILL DR.	6.3 STREET ADDRESS	8024 Mimosa
CITY-ST-ZIP	PORT RICHEY FL 34668	6.4 CITY-ST-ZIP	Port Richey, FL 34668

14. I do hereby certify that the information supplied with this filing 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: Charlene V. Williams **1/9/97** **813-862-5500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)