FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # **N27090** (2)

1. Corporation Name
JASMINE LAKES COMMUNITY & CIVIC ASSOCIATION, INC

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

3. Date Incorporated or Qualified: 07/01/1988

4. FEI Number: 59-2910251 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, DONALD L		1.2 NAME		
STREET ADDRESS	7830 JASMINE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SNIZEK, WILLIAM		2.2 NAME		
STREET ADDRESS	10316 AMADEUS		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, CHARLENE V		3.2 NAME		
STREET ADDRESS	7827 PINEAPPLE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	~~P~~	☐ DELETE	4.1 TITLE	Asst Treas	☒ Change ☐ Addition
NAME	BAKER, MERLE		4.2 NAME	Merle Baker	
STREET ADDRESS	10337 LINDA SUE CT		4.3 STREET ADDRESS	10337 Linda Sue Ct	
CITY-ST-ZIP	PORT RICHEY FL		4.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THIEL, CHARLES		5.2 NAME		
STREET ADDRESS	7703 JASMINE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FERRARO, JOSEPH		6.2 NAME		
STREET ADDRESS	8024 MIMOSA		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 REQUIRED Charlene V. Williams 1/13/98 813-862-5600