NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State
02-21-2002 90097 021 ****61.25

DOCUMENT # N27090

1. Entity Name: JASMINE LAKES COMMUNITY AND CIVIC ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

- 37157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7137 JASMINE BLVD.	7137 JASMINE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT RICHEY FL	City & State: PORT RICHEY FL
Zip: 34668-3120 Country: U.S.A.	Zip: 34668-3120 Country: USA

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM GEORGE

Street Address (P.O. Box Number is Not Acceptable): 7925 LOTUS DR.

City: PORT RICHEY FL Zip Code: 34668

8. 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: WILLIAM GEORGE, TREASURER William George 6-28-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICK CRAVEN 10423 CHOICE DR. PORT RICHEY FL 34668	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PATTY CAMP 10232 ORCHID DR PORT RICHEY FL 34668	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAM GEORGE 7925 LOTUS DR. PORT RICHEY FL 34668	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CELESTE SNYDER 8001 LOTUS DR. PORT RICHEY FL 34668	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROY BEYNON 7621 ROSEWOOD DR PORT RICHEY FL 34668	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES SNYDER 8001 LOTUS DR PORT RICHEY FL 34668	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: William George WILLIAM GEORGE 6-28-02 727-863-9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10. OFFICERS AND DIRECTORS (CONT.)

Attachment

37157

#N27090

D. JEAN FAHNANSTIEL
10421 PAULA CT.
PORT RICHEY FL 34668

D
LINDA CONCETTO
7529 BERGAMOT DR.
PORT RICHEY FL 34668