


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90007 020 ****61.25

DOCUMENT # N27090 1. Entity 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 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent ANGELINI, ISABEL R 10314 PASTEL LN PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Isabel R. Angelini, Treasurer <i>Isabel R Angelini</i> 1/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBERHAUSER, KARL 10341 CHOICE DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYE, DUDLEY 10127 GARDENIA LN PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANKOWSKI, ARTHUR 10205 WILLOW DR PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANGELINI, ISABEL R 10314 PASTEL LN PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DICIOCCIO, MARSHA 10337 OLEANDER DR PORT RICHEY, FL 34668 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, MERLE 10337 LINDA SUE CT PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAJAC, CATHERINE 10331 WILLOW DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINER, LETITIA 10406 CHOICE DR PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRIFFIN, EVA 10402 CHOICE DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Isabel R Angelini</i> Isabel R. Angelini, Treasurer					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/26/04 Daytime Phone # 727-868-1159	

44004006



01122004 Chg-NP CR2E037 (10/03)

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

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

DIRECTORS NEXT SHEET

Attachment

N27090
DIRECTORS

44004882

KATHY BRENSINGER
10341 Choice Drive
Port Richey, Fl 34668

MARION COLEMAN
7414 Cherry Laurel Drive
Port Richey, Fl 34668

ANGELO CONCETTO
7529 Bergamot Drive
Port Richey, Fl 34668

LINDA CONCETTO
7529 Bergamot Dr.
Port Richey, Fl 34668

DUDLEY LYE
10127 Gardenia Drive
Port Richey, Fl 34668

FRANK SCATURRO
7910 Monarda Drive
Port Richey, Fl 34668

BARBARA LEAVITT
10336 Oak Hill Drive
Port Richey, Fl 34668

BRETT LANSBERG
7514 Lotus Drive
Port Richey, Fl 34668

GARY RUSSELL
10410 Loquat Drive
Port Richey, Fl 34668

MARGE RUSSELL
10410 Loquat Drive
Port Richey, Fl 34668

ELOISE KASIK
8013 Mimosa Drive
Port Richey, Fl 34668