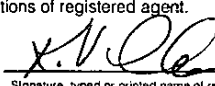
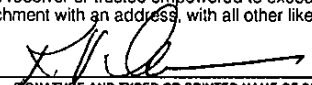


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90014 022 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                     |                                                                  |                                                                                                                                                                            |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>DOCUMENT # N27090</b><br>1. Entity Name<br><b>JASMINE LAKES COMMUNITY &amp; CIVIC ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                     |                                                                  |                                                                                           |                                                                                         |
| Principal Place of Business<br>7137 JASMINE BLVD<br>PORT RICHEY, FL 34668 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                     | Mailing Address<br>7137 JASMINE BLVD<br>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                                                          | 4. FEI Number<br><b>59-2910251</b>                                                                                                                                         |                                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                     |                                                                  | Applied For<br>Not Applicable                                                                                                                                              |                                                                                         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                     |                                                                  | 7. Name and Address of New Registered Agent                                                                                                                                |                                                                                         |
| ANGELINI, ISABEL R<br>10314 PASTEL LN<br>PORT RICHEY, FL 34668                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                     |                                                                  | Name <b>KARL V. OBERHAUSER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10341 CHOICE DR.</b><br>City <b>PORT RICHEY</b> <b>FL</b> Zip Code <b>34668</b> |                                                                                         |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                     |                                                                  | DATE <b>07-09-05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                        |                                                                                         |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                                                               |                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |                                                                  |                                                                                                                                                                            |                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |                                                                                                                                                                            |                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>OBERHAUSER, KARL<br>10341 CHOICE DR<br>PORT RICHEY, FL 34668     | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | P<br>JANKOWSKI, ARTHUR<br>10205 WILLOW DR.<br>PORT RICHEY, FL 34668                                                                                                        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>JANKOWSKI, ARTHUR<br>10205 WILLOW DR.<br>PORT RICHEY, FL 34668  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | VP<br>GARY RUSSELL<br>10410 LOQUAT ST.<br>PORT RICHEY, FL 34668                                                                                                            | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>ANGELINI, ISABEL R<br>10314 PASTEL LN<br>PORT RICHEY, FL 34668   | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | S<br>KATHYRN BREWSINGA<br>10341 CHOICE DR.<br>PORT RICHEY, FL 34668                                                                                                        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AT<br>DICIOCCIO, MARSHA<br>10337 OLEANDER DR<br>PORT RICHEY, FL 34668 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | AS<br>MARGIE RUSSELL<br>10410 LOQUAT ST.<br>PORT RICHEY, FL 34668                                                                                                          | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>ZAJAC, CATHERINE<br>10331 WILLOW DR.<br>PORT RICHEY, FL 34668    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   | T<br>KARL V. OBERHAUSER<br>10341 CHOICE DR.<br>PORT RICHEY, FL 34668                                                                                                       | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>GRIFFIN, EVA<br>10402 CHOICE DR.<br>PORT RICHEY, FL 34668       | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                   |                                                                                                                                                                            | <input 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                     |                                                                  | DATE <b>07-09-05</b> <b>727-863-0679</b><br><small>Date Daytime Phone #</small>                                                                                            |                                                                                         |