

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90022 030 ****61.25



DOCUMENT # N27090
1. Entity Name
JASMINE LAKES COMMUNITY & CIVIC ASSOCIATION, INC.

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number Applied For
59-2910251 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
OBERHAUSER, KARL V
10341 CHOICE DRIVE
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent
Name
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: (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	OBERHAUSER, KARL	
STREET ADDRESS	10341 CHOICE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	P	<input type="checkbox"/> Delete
NAME	IMONDI, RICHARD	
STREET ADDRESS	7137 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONCETTO, LINDA	
STREET ADDRESS	7137 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>TREA</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBERHAUSER, KARL	
STREET ADDRESS	10341 CHOICE DR.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMONDI, RICHARD	
STREET ADDRESS	7323 STARDUST DR.	
CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCETTO, LINDA	
STREET ADDRESS	7529 BERGAMOT DR.	
CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENSINGER, KATHY	
STREET ADDRESS	10341 CHOICE DR.	
CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	AS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELINI, ISABEL	
STREET ADDRESS	10314 PASTEL	
CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	AT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICIOCCIO, MARSHA	
STREET ADDRESS	10337 OLEANDER	
CITY-ST-ZIP	PORT RICHEY, FL. 34668	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Date Daytime Phone #