


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 PORT RICHEY FL 34668 US	7137 JASMINE BLVD PORT RICHEY FL 34668 US

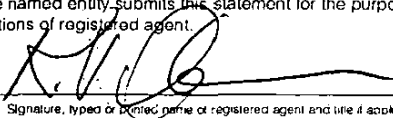
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2910251	Not Applicable
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 
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	TITLE	TRIA
NAME	OBERHAUSER, KARL	NAME	OBERHAUSER, KARL
STREET ADDRESS	10341 CHOICE DR	STREET ADDRESS	10341 CHOICE DR.
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	P	TITLE	P
NAME	IMONDI, RICHARD	NAME	IMONDI, RICHARD
STREET ADDRESS	7137 JASMINE BLVD	STREET ADDRESS	7323 STARDUST DR.
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	PORT RICHEY, FL. 34668
TITLE	S	TITLE	S
NAME	CONCETTO, LINDA	NAME	CONCETTO, LINDA
STREET ADDRESS	7137 JASMINE BLVD	STREET ADDRESS	7529 BERGAMOT DR.
CITY-ST-ZIP	PORT RICHEY FL 34668	CITY-ST-ZIP	PORT RICHEY, FL. 34668
TITLE		TITLE	V
NAME		NAME	BRENSINGER, KATHY
STREET ADDRESS		STREET ADDRESS	10341 CHOICE DR.
CITY-ST-ZIP		CITY-ST-ZIP	PORT RICHEY, FL. 34668
TITLE		TITLE	AS/D
NAME		NAME	ANGELINI, ISABEL
STREET ADDRESS		STREET ADDRESS	10314 PASTEL
CITY-ST-ZIP		CITY-ST-ZIP	PORT RICHEY, FL. 34668
TITLE		TITLE	AT/D
NAME		NAME	DICIOCCIO, MARSHA
STREET ADDRESS		STREET ADDRESS	10337 OLEANDER
CITY-ST-ZIP		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.
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SIGNATURE: 	DATE	DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		