

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90181 010 ****61.25

DOCUMENT # N38339			
1. Entity Name JASMINE COURT, INC.			
Principal Place of Business 265 AIRPORT RD S NAPLES, FL 34104		Mailing Address 265 AIRPORT RD S NAPLES, FL 34104	
2. Principal Place of Business - No P.O. Box # 1719 TRADE CENTER WAY Suite, Apt. #, etc. #4		3. Mailing Address P.O. Box 8478 Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34109	Country US	Zip 34101-8478	Country US
6. Name and Address of Current Registered Agent R&R MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104		7. Name and Address of New Registered Agent NANCY WINKLER Street Address (P.O. Box number is not acceptable) SANDLOTTE COMMUNITY MANAGEMENT, INC 1719 TRADE CENTER WAY #4 City NAPLES Zip Code FL 34109	
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 <u>Nancy Winkler</u> <u>NANCY WINKLER 4/4/07</u> <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, 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANCH, JUDITH 2265 HIDDEN LAKE DRIVE #1 NAPLES, FL 34112 <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	PD LYNGSO, CARL 2285 HIDDEN LAKE DRIVE #9 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS BARANEC 2285 HIDDEN LAKE DR, #1 NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRONYAK, ROBERT 2265 HIDDEN LAKE DRIVE #9 NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARY KALLIO 2325 HIDDEN LAKE DR, #4 NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 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: <u>Judith Branch</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/4/07</u> Daytime Phone # <u>239-596-7200</u>	