


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90004 050 \*\*\*\*61.25

<b>DOCUMENT # N46852</b> 1. Entity Name <b>JASMINE RUN HOME OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>103 A NORTH LAKE DR ORMOND BEACH, FL 32174 US</b>			Mailing Address <b>103 A NORTH LAKE DR ORMOND BEACH, FL 32174 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3109989</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>DEANE, NANCY 103 A NORTH LAKE DR ORMOND BEACH, FL 32174</b>					
7. Name and Address of New Registered Agent Name <u><i>Nancy Deane Chatley</i></u> Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>Nancy Deane Chatley</i></u> DATE <u><i>4/17/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOEHNER, KATE <input checked="" type="checkbox"/> Delete 4 JASMINE RUN ORMOND, BE 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, CHARLES <input type="checkbox"/> Delete 6 JASMINE RUN ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CIMAGLIA, ANNA <input type="checkbox"/> Delete 22 JASMINE RUNE ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NICKERSON, ED <input type="checkbox"/> Delete 3 JASMINE RUN ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFIRRMANN, ROBERT <input type="checkbox"/> Delete 13 JASMINE RUN ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOEKNER, KATE <input type="checkbox"/> Delete 4 JASMINE RUN ORMOND BEACH, FL 32174				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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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><i>E A Nickerson</i></u> DATE <u><i>4/18/07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					