2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N46852

Entity Name: JASMINE RUN HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2379 BEVILLE ROAD
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 291910
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-3109989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHATLEY, NANCY
2379 BEVILLE ROAD
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/T ( ) Delete
Name: SOEHNER, KATE
Address: 4 JASMINE RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP ( ) Delete
Name: MILLER, CHARLES
Address: 6 JASMINE RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: DVP ( ) Delete
Name: NICKERSON, ED
Address: 3 JASMINE RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: D/S ( ) Delete
Name: PFIRRMANN, ROBERT
Address: 13 JASMINE RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: SHIPLEY, MICHAEL
Address: 9 JASMINE RUN
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES MILLER D/P 04/14/2009
Electronic Signature of Signing Officer or Director Date