

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90008 003 ****61.25

DOCUMENT # N94000004887 1. Entity Name JASMINE LAKES I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8360 W OAKLAND PARK BLVD SUITE 301 FORT LAUDERDALE, FL 33351 US			Mailing Address % ALLIANCE PROPERTY SYSTEMS PO BOX 452199 FORT LAUDERDALE, FL 33345-2199 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0565894	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY STE. 103 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	P RAGOONAN, SHANN 4705 SW 62 AVE #304 DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAGOONAN, SHARON CORRECT YOUR SPELLING!!!	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANKAWSKI, RONALD 4720 SW 62ND WAY 202 DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANKOWSKI, RONALD CORRECT YOUR SPELLING	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLUHN, BEATRICE 4720 SW 62ND WAY 1302 DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JOHN 4715 SW 62 AVE #101 DAVIE, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIO, SEBASTIAN 4715 SW 62 AVE., #203 DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, JOSEPH 4705 SW 62 AVE #203 DAVIE, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEOTTA, CARSTEN 4715 S.W. 62 AVE. #302 DAVIE, FL 33314	<input checked="" 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: RONALD M. JANKOWSKI 2/28/07 954-316-5048 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					