

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

## DOCUMENT # N9700002311

1. Corporation Name

THE JASMINE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DRIVE

2601 SOUTH BAYSHORE DRIVE

SUITE PH 1-A MIAMI FL 3333

2. Principal Place of Business

SUITE PH 1-A MIAMI FL 3333

2a. Mailing Address

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## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90295 039 \*\*\*\*\*8.75 05-06-1999 90295 040 \*\*\*\*61.25

512181 - 90295 - 20



3. Date Incorporated or Qualifed

04/24/1997

Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			4. FEI Number	App	plied For		
	27				65-0777259			t Applicable	
City & State City & State					5. Certifcate of S	tatus Desired	\$8.75 A		
	28							Fee Required	
Zip Country	<b>⊢</b> ¬ '	Zip Country			6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
25   29   30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered				
3. Name and Address of Ci	an ent Registered Agent		81	Name	TOT MARINE MILE AND	Siego Of Item Hegistic			
IARANJO, JAVIER J			L						
			82	2 Street Address (P.O. Box Number is Not Acceptable)					
2001 S BAYSHORE DRIVE			83	<del> </del> -					
PH 1-A			_						
COCONUT GROVE FL 33133			84	84 City FL 85				Code	
Pursuant to the provisions of Sections 617	7 0502 and 617 1508. Florid	Statutes t	he abov	e-named col	rporation submits this st			registered	
Pursuant to the provisions of Sections 617 office or registered agent, o both, in the Sagent, I am familiar with, and accept the	State of Florida. Such chang	e was autho	rized by	the corpora	tion's board of directors	. I hereby accept the a	ppointment as reg	jistered	
agent. I am familiar with, and accept the	oligations of Section 617 of	503, Fiorida	Statutes	. X	~~\\ SG	99			
Signature, typed or printed parts of registers	ed attent and title if applicable	(NOTF: Regi	stered Ape	nt signeture requi	red when reinstating)	DAT			
	S AND DIRECTORS	1	13.			ANGES TO OFFICER	S AND DIRECTO	RS IN 12	
PD	DE	ETE	1.1 TITLE				Change	Addition	
NARANJO, JOSE J	9		1.2 NAME	l					
_ ADDRESS 2601 S BAYSHORE DR # F	PH 1-A		1.3 STREE	TADDRESS					
ST ZIP MIAMI FL 33133	•		1.4 CITY-S	T-ZIP					
VD	, DE	.ETE	2.1 TITLE				☐ Change	Addition	
NARANJO, JAZMIN			2.2 NAME						
_ FADDRESS 2601 S BAYSHORE DR # F	PH 1-A		2.3 STREE	TADDRESS					
ST-ZIP MIAMI FL 33133			2. 4 СПY-S	ST-21P					
STD	☐ DE	ETE	3.1 TITLE				☐ Change	☐ Addition	
HERNANDEZ, HUMBERTO			3.2 NAME						
TADDRESS 13998 S.W. 159TH TERRAC	Œ		3.3 STREE	T ADDRESS					
ST 219 MIAMI FL 33137			3.4. CITY-8	ST-ZUP					
	☐ DE	ETE	4.1 TITLE				Change	Addition	
-		1	4.2 NAME						
LACEMESS			4.3 STREE	T ADDRESS					
ST-ZIP			4.4 CITY-S	T-ZIP					
	☐ DE		5.1 TITLE	]			Change	☐ Addition	
			5.2 NAME	<u></u>					
_ I ALXUKESS				TADDRESS					
ST ZIP			5.4 CITY-S 6.1 TITLE	T-ZIP		<del></del> _	Chanas	["] Additic-	
	☐ DE			- 1			☐ Change	Addition	
		ľ	6.2 NAME	T 4 DODESO					
_raddress			6.4 CITY-S	TADORESS					

REQUIRED

SIGNATURE AND THEED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR