

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90341 038 ****61.25

DOCUMENT # N97000002311

1. Entity Name
THE JASMINE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2615 COLLINS AVE
MIAMI BEACH, FL 33140**

Mailing Address
**C/O REGETTA REAL ESTATE
628 6 ST 2 FLOOR
MIAMI, FL 33139**

14014513



2. Principal Place of Business

3. Mailing Address

2615 COLLINS AVE

309-23rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#313

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH FL

04212004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0777259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VODA, TIM
625 6 ST 2 FLOOR
MIAMI, FL 33139**

Name **Regetta REAL Estate Mgmt Inc**

Street Address (P.O. Box Number is Not Acceptable)

309-23rd Street STE #313

City **MIAMI BEACH**

FL Zip Code **33139**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **SD** ☐ Delete
NAME **BARROSO, JOSE**
STREET ADDRESS **8907 SW 108 CIR CT.**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **QUIROZ, VANESSA**
STREET ADDRESS **2615 COLLINS AVE #36**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **GASTON, MARTHA**
STREET ADDRESS **2615 COLLINS AVE, #24**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/04-305-674-1121