2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# N97000005389

Entity Name: JASMINE DUNE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 4946
SEASIDE, FL 32459

New Principal Place of Business:

100 JASMINE CIRCLE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 4946
SEASIDE, FL 32459

New Mailing Address:

POST OFFICE BOX 1707
SANTA ROSA BEACH, FL 32459

FEI Number: 63-1139544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEUZE, DAVID
0964 E COUNTY HWY 30A
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

BECKER, TAMMIE K
36132 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

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: TAMMIE K BECKER 02/13/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VCD ( ) Delete
Name: SIEGELMAN, LES
Address: 3377 OVERBROOK RD.
City-St-Zip: BIRMINGHAM, AL 35213

Title: PD ( ) Delete
Name: CARL, FRED
Address: 701 PARSONS RD
City-St-Zip: GREENWOOD, MS 38930

Title: DST ( ) Delete
Name: MOORE, ROBERT
Address: 8871 HWY 28 WEST
City-St-Zip: CATHERINE, AL 36728

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCD (X) Change ( ) Addition
Name: SIEGELMAN, LES
Address: 1827 1ST AVENUE SUITE 102
City-St-Zip: BIRMINGHAM, AL 35203

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 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: FRED CARL PD 02/13/2006
Electronic Signature of Signing Officer or Director Date