

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90301 007 ****61.25

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1. Entity Name
**LAKE JESSAMINE ESTATES PHASE 2 HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**498 PALMSPRINGS DRIVE, SUITE 235
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**498 PALMSPRINGS DRIVE, SUITE 235
ALTAMONTE SPRINGS, FL 32701**

50042344



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01172005

Chg-NP

CR2E037 (10/03)

4. FEI Number
01-0733844

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BOYLE, JAMES W
498 PALMSPRINGS DRIVE, SUITE 235
ALTAMONTE SPRINGS, FL 32701**

Name

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

City

FL

Zip Code

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, 2005**

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 ☐ Delete
NAME **P**
STREET ADDRESS **BEARDSLEE, RONALD**
CITY-ST-ZIP **162 MARSEILLE OAKS DRIVE
ORLANDO, FL 32801**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **ORTIZ, ALFREDO**
CITY-ST-ZIP **5009 OAK TOURS DRIVE
ORLANDO, FL 32801**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WINNICK, SYLVI**
CITY-ST-ZIP **5008 OAK TOURS DRIVE
ORLANDO, FL 32801**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CARTER, MONA**
CITY-ST-ZIP **238 VERZON COURT
ORLANDO, FL 32801**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **RAGAN, DEBORAH**
CITY-ST-ZIP **5048 TOWLER DRIVE
ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **Jacklyn Bedoya**
CITY-ST-ZIP **5136 Laval Dr
Orlando, FL 32801**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BORELL, BRIAN**
CITY-ST-ZIP **5013 TOULAN DRIVE
ORLANDO, FL 32801**

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 #