FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 045 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000003249

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

Principal Place of Business	Mailing Address
~~3348 EDGEWATER DRIVE~~ ~~ORLANDO, FL 32804~~	~~3348 EDGEWATER DRIVE~~ ~~ORLANDO, FL 32804~~

CHECK HERE IF MAKING CHANGES X

2. Principal Place of Business	3. Mailing Address
c/o PENN FIRST MGMT, INC	c/o PENN FIRST MGMT, INC
Suite, Apt. #, etc. 1813 N. DEAN RD. STE 103	Suite, Apt. #, etc. 1813 N. DEAN RD. STE 103
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32817 Country USA	Zip 32817 Country USA

4. FEI Number 01-0733844 ☐ 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
~~SCHWARTZ, RONALD N~~ ~~3348 EDGEWATER DRIVE~~ ~~ORLANDO, FL 32804~~	Name PENN FIRST MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable) 1813 N. DEAN ROAD SUITE 103 City ORLANDO FL Zip Code 32817

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 LAWRENCE SHEELER 3/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW. FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~SCHWARTZ, RONALD N~~ ~~3348 EDGEWATER DRIVE~~ ~~ORLANDO, FL 32804~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Director Evelyn D. West 1101 N. KELLER D, SUITE F ORLANDO, FL 32810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~SCHULER, LAWRENCE~~ ~~3348 EDGEWATER DRIVE~~ ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOWARD, SCOTT ~~4005 MARONDA WAY~~ ~~SANFORD, FL 32771~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director HOWARD, SCOTT 1101 N KELLER RD, SUITE F ORLANDO, FL 32810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president / Director BILL ROUSCH 1101 N KELLER RD #F ORLANDO, FL 32810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Evelyn D. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #