FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16503 (7)

1. Corporation Name

LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 73 ORLANDO FL 32802	POST OFFICE BOX 73 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1986
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-2802378 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~FLORIDA MANAGEMENT SERVICES~~
~~434 E. CENTRAL BLVD.~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name: Anita Bailey
82 Street Address (P.O. Box Number is Not Acceptable): 918 Bradshaw Terrace
83
84 City: Orlando FL 85 Zip Code: 32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Anita Bailey 1-22-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MIKE POTTER	12 NAME	
STREET ADDRESS	5132 STRATEMEYER DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32859	14 CITY-ST-ZIP	
TITLE	VPSD	21 TITLE	☐ Change ☐ Addition
NAME	JACK FINCH,	22 NAME	
STREET ADDRESS	5140 STRATEMEYER DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32859	24 CITY-ST-ZIP	
TITLE	~~TD~~	31 TITLE	TD ☑ Change ☐ Addition
NAME	~~LES PATTON,~~	32 NAME	Mary Owens
STREET ADDRESS	~~5180 STRATEMEYER DR.~~	33 STREET ADDRESS	5180 Stratemeyer Dr
CITY-ST-ZIP	~~ORLANDO FL 32859~~	34 CITY-ST-ZIP	Orlando, Fl 32859
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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