

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
Division of Corporations

DOCUMENT # 728781 (6)
LAKE JESSAMINE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: 5325 JESSAMINE LANE
ORLANDO FL 32839
US

Mailing Address: 5325 JESSAMINE LANE
ORLANDO FL 32839
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/08/1974	3a. Date of Last Report 08/02/1994
4. FEI Number 59-1975072	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. 194.113 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business: 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent WALLACE, ROBERT L. 537 MARY JESS ROAD ORLANDO FL 32809	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0505 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	P MORAN, J. PATRICK 5487 ALANDALE COURT ORLANDO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	P NILE NEWTON 5168 STRATEMEYER DRIVE ☒ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP GASTALDO, EDWARD 5347 LAKE JESSAMINE DRIVE ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	D ☒ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	T DUGGINS, APRIL 5325 JESSAMINE LANE ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D WYATT, MARTHA 5335 JESSAMINE LANE ORLANDO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	S ☒ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D RADCLIFF, PETE 5802 SHELBOURN CT. ORLANDO, FL 00000	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	S OLIN, SUSAN 424 BYWATER DR. ORLANDO FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	D ☒ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.05(6)(b), Florida Statutes. I further certify that the information included 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 of this document or on an attachment with an address.

SIGNATURE: *AB Duggins* APRIL S. DUGGINS 5/15/95 (407) 826-7702
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128781

13. Continued

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DAN DREW
640 VISCAYA AVENUE
ORLANDO FL

D

JOHANN JORNSSON
5208 STRATEMEYER DRIVE
ORLANDO FL

D

RICK MALOY
5307 JESSAMINE LANE
ORLANDO FL

D

LENNY LAYLAND
5401 JESSAMINE LANE
ORLANDO FL

D

BILL BLACKERBY
535 MARY JESS ROAD
ORLANDO FL