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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16503 (7)

1. Corporation Name

LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION,
INC.

Principal Place of Business

POST OFFICE BOX 73
ORLANDO FL 32802

Mailing Address

POST OFFICE BOX 73
ORLANDO FL 32802



2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 593961

26 P.O. Box 593961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

24 32859

25 Orange

29 32859

30 Orange

9. Name and Address of Current Registered Agent

BAILEY, ANITA
918 BRADSHAW TERRACE
ORLANDO FL 32806

81 Name

Peggy D. Luby
5117 Stratemeyer Dr.

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

83

84 City

Orlando

FL

85 Zip Code
32839

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Peggy Davis Luby

Secretary/Treas.

4-23-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
PD	MIKE POTTER	5132 STRATEMEYER DRIVE	ORLANDO FL 32859	
VPSD	JACK FINCH	5140 STRATEMEYER DR.	ORLANDO FL 32859	
TD	OWENS, MARY	5180 STRATEMEYER DR	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	☒ Change ☐ Addition
PD	Arman Sharigan	5129 Stratemeyer Dr.	Orlando, FL 32859	
VPSD	Mike Potter	5132 Stratemeyer Drive	Orlando, FL 32859	
TD	Peggy D. Luby	5117 Stratemeyer Dr.	Orlando, FL 32839	

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)(k), 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: Peggy Davis Luby Peggy Davis Luby 4-23-96 407-857-7282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)