2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90060 006 ****61.25

DOCUMENT # N16503

1. Entity Name

LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 593961 ORLANDO FL 32859 US	PO BOX 593961 ORLANDO FL 32859 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2802378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUBY, PEGGY
5117 STRATE MEYER DR.
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name Holly Spoonley
Street Address (P.O. Box Number is Not Acceptable) 5145 Stratemeyer Dr
City Edgewood FL Zip Code 32839

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.

SIGNATURE Holly Spoonley (treasur) 1-11-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUSSEL, EDWARD 5189 STRATEMEYER DR ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change	☐ Addition
				Edgewood	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROWN, WILLIAM E 5088 STRATEMEYER DR ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change	☐ Addition
				Edgewood	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LUBY, PEGGY 5117 STRATEMEYER DR ORLANDO FL 32839	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change	☐ Addition
				DT Holly Spoonley 5145 Stratemeyer Dr Edgewood, FL 32839	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☑ Addition
				DS Patricia Williams 5161 Creusot CT Edgewood FL 32839	
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 (9/01)

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 REQUIRED Holly Spoonley 1-11-02 407-488-8827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #