

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91006 022 ****61.25

DOCUMENT # N02000003249

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



Principal Place of Business
C/O PENN FIRST MGMT, INC
1813 N DEAN RD STE 103
ORLANDO, FL 32817

Mailing Address
C/O PENN FIRST MGMT, INC
1813 N DEAN RD STE 103
ORLANDO, FL 32817

24067449



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
01-0733844

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

PENN FIRST MGMT, INC
1813 N DEAN RD
STE 103
ORLANDO, FL 32817

7. Name and Address of New Registered Agent

Name James W. Boyle

Street Address (P.O. Box Number is Not Acceptable)
498 Palm Springs Drive

Suite 235

City Altamonte Springs

FL

Zip Code 32701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE SD ☒ Delete
NAME WEST, EVELYN D
STREET ADDRESS 1101 N KELLER STE F
CITY-ST-ZIP ORLANDO, FL 32810

TITLE PD ☒ Delete
NAME HOWARD, SCOTT
STREET ADDRESS 1101 N KELLER RD STE F
CITY-ST-ZIP ORLANDO, FL 32810

TITLE VPD ☒ Delete
NAME ROUSCH, BILL
STREET ADDRESS 1101 N KELLER RD STE F
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition
NAME Ronald Beardslee
STREET ADDRESS 162 Marseille Oaks Drive
CITY-ST-ZIP Orlando, Florida 32801

TITLE Vice President ☐ Change ☒ Addition
NAME Alfredo Ortiz
STREET ADDRESS 5009 Oak Tours Drive
CITY-ST-ZIP Orlando, FL 32801

TITLE Treasurer ☐ Change ☒ Addition
NAME Sybil Winnick
STREET ADDRESS 5008 Oak Tours Drive
CITY-ST-ZIP Orlando, FL 32801

TITLE Secretary ☐ Change ☒ Addition
NAME Mona Carter
STREET ADDRESS 238 Verizon Court
CITY-ST-ZIP Orlando, FL 32801

TITLE Director ☐ Change ☒ Addition
NAME Deborah Regan
STREET ADDRESS 5048 Toward Drive
CITY-ST-ZIP Orlando, FL 32801

TITLE Director ☐ Change ☒ Addition
NAME Brian Borell
STREET ADDRESS 5015 Toward Drive
CITY-ST-ZIP Orlando, FL 32801

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04