

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90064 041 \*\*\*\*61.25

**DOCUMENT # N16503**

1. Entity Name

**LAKE JESSAMINE ESTATES HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business

PO BOX 593961  
ORLANDO FL 32859  
US

Mailing Address

PO BOX 593961  
ORLANDO FL 32859  
US

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

7. Name and Address of New Registered Agent

**HOLLY, SPOONELY  
5145 STRATEMYER DR  
EDGEWOOD FL 32839**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 **DV** ☐ Delete  
NAME **PAVLIK, DAN**  
STREET ADDRESS **5164 STRATEMEYER DR**  
CITY-ST-ZIP **EDGEWOOD FL 32839**

TITLE **DP** ☐ Delete  
NAME **BROWN, WILLIAM E**  
STREET ADDRESS **5088 STRATEMEYER DR**  
CITY-ST-ZIP **EDGEWOOD FL 32839**

TITLE **DT** ☒ Delete  
NAME **SPOONELY, HOLLY**  
STREET ADDRESS **5145 STRATEMYER DR**  
CITY-ST-ZIP **EDGEWOOD FL 32839**

TITLE **DS** ☒ Delete  
NAME **WILLIAMS, PATRICIA**  
STREET ADDRESS **5161 CREUSOT CT**  
CITY-ST-ZIP **EDGEWOOD FL 32839**

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Chisholm, Bruce**  
STREET ADDRESS **5156 Stratemeyer Dr**  
CITY-ST-ZIP **Edgewood, FL 32839**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Holly Spoonely*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Treasurer*

3-30-05

Date

Daytime Phone #

407-438-8827