

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90113 036 ****61.25

DOCUMENT # N02000003249

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



Principal Place of Business
**498 PALMSPRINGS DRIVE, SUITE 235
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**498 PALMSPRINGS DRIVE, SUITE 235
ALTAMONTE SPRINGS, FL 32701**

60040000



2. Principal Place of Business

75 GATLIN AVE SUITE A

Suite, Apt. #, etc.

Orlando, Florida

City & State

3. Mailing Address

75 GATLIN AVE SUITE A

Suite, Apt. #, etc.

Orlando, Florida

City & State

03102006

Chg-NP

CR2E037 (11/05)

4. FEI Number
01-0733844

Applied For
Not Applicable

Zip
32806

Country

Zip
32806

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOYLE, JAMES W
498 PALMSPRINGS DRIVE, SUITE 235
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

Name
Nancy Warren

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

75 GATLIN AVE SUITE A

City
Orlando

FL

Zip Code
32806

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

Nancy Warren

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

Nancy Warren

(NOTE: Registered Agent signature required when reinstating)

3/29/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BEARDSLEE, RONALD
162 MARSEILLE OAKS DRIVE
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ORTIZ, ALFREDO
5009 OAK TOURS DRIVE
ORLANDO, FL 32801** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WINNICK, SYLVI
5008 OAK TOURS DRIVE
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CARTER, MONA
238 VERZON COURT
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEDOYA, JACKLYN
5136 LAVAL DR
ORLANDO, FL 32801** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BORELL, BRIAN
5013 TOULAN DRIVE
ORLANDO, FL 32801** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**REBECCA HAYES
5226 LAVAL DR.
ORL. FL. 32839** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Winnick, Sylvi
5008 Oak Tours Dr.
Orlando, FL 32839** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D John Clementz
238 Verzon Ct
Orlando, FL 32839** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Barb Peters
5227 Laval Dr.
Orlando, FL 32839** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BRIAN BORELL
5013 Toulon Dr.
Orlando, FL 32839** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-721-7369