

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003249

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

75 GATLIN AVE, STE A  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

75 GATLIN AVE, STE A  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 01-0733844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARREN, NANCY  
75 GATLIN AVE, STE A  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BEARDSLEE, RONALD  
Address: 162 MARSEILLE OAKS DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: D  
Name: BEAUCHAMP, NATHAN  
Address: 5019 TOULON DR.  
City-St-Zip: ORLANDO, FL 32839

Title: VP  
Name: CARTER, MONA  
Address: 238 VERZON COURT  
City-St-Zip: ORLANDO, FL 32839

Title: S  
Name: CLEMENTZ, JOHN  
Address: 232 VERZON CT  
City-St-Zip: ORLANDO, FL 32839

Title: T  
Name: DONAWA, STEPHILL  
Address: 5184 LAVAL DR.  
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY WARREN

AGEN

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date