

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 045 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000003249

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



Principal Place of Business
9348 EDGEWATER DRIVE
ORLANDO, FL 32804

Mailing Address
3348 EDGEWATER DRIVE
ORLANDO, FL 32804



2. Principal Place of Business

C/O PENN FIRST MGMT, INC
Suite, Apt. #, etc.
1813 N. DEAN RD. STE 103
City & State
ORLANDO FL

3. Mailing Address

C/O PENN FIRST MGMT, INC
Suite, Apt. #, etc.
1813 N. DEAN RD. STE 103
City & State
ORLANDO FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0733844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, RONALD N.
3348 EDGEWATER DRIVE
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name
PENN FIRST MANAGEMENT, INC
Street Address (P.O. Box Number is Not Acceptable)
1813 N. DEAN ROAD
SUITE 103
City
ORLANDO FL Zip Code
32817

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

Lawrence Sheeler

LAWRENCE SHEELER

3/28/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	SCHWARTZ, RONALD N	
STREET ADDRESS	3348 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	VB	☒ Delete
NAME	SCHULER, LAWRENCE	
STREET ADDRESS	3348 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	STD	☐ Delete
NAME	HOWARD, SCOTT	
STREET ADDRESS	1006 MARONDA WAY	
CITY-ST-ZIP	SANFORD, FL 32771	
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	Secretary/Director	☐ Change ☒ Addition
NAME	Evelyn D. West	
STREET ADDRESS	1101 N. KELLER D, SUITE F	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Director	☐ Change ☐ Addition
NAME	HOWARD, SCOTT	
STREET ADDRESS	1101 N KELLER RD, SUITE F	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	Vice President/Director	☐ Change ☒ Addition
NAME	BILL ROUSCH	
STREET ADDRESS	1101 N KELLER RD #F	
CITY-ST-ZIP	ORLANDO, FL 32810	
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)(l), 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:

Evelyn D. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)