

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01564

**Entity Name:** LAKE JESSIE MOBILE HOME OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O SHERYL MENSER  
107 BASS CIRCLE  
WINTER HAVEN, FL 33881**Current Mailing Address:**C/O SHERYL MENSER  
144 REGENCY PARKWAY  
LA PORTE, IN 46350 US**FEI Number:** 59-2876534**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEOUGH & DU BOSE, P.A.  
514 E. COLONIAL DRIVE  
ORLANDO, FL 32802 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MENSER, SHERYL  
Address        107 BASS CIRCLE  
City-State-Zip: WINTER HAVEN FL 33881

Title            VP  
Name            SHERRY, SUZANNE  
Address        1 BASS CIRCLE  
City-State-Zip: WINTER HAVEN FL 33881

Title            SECRETARY  
Name            BERENDSEN, SHIRLEY  
Address        44 BREAM STREET  
City-State-Zip: WINTER HAVEN FL 33881

Title            TREASURER  
Name            BAILEY, JANET  
Address        61 BREAM ST.  
City-State-Zip: WINTER HAVEN FL 33881

Title            TRUSTEE  
Name            CAMPBELL, ROBERT K  
Address        54 BREAM ST.  
City-State-Zip: WINTER HAVEN FL 33881

Title            TRUSTEE  
Name            PEARSON, CAROL  
Address        78 PERCH ST.  
City-State-Zip: WINTER HAVEN FL 33881

Title            TRUSTEE  
Name            MENSER, JACK  
Address        107 BASS CIRCLE  
City-State-Zip: WINTER HAVEN FL 33881

Title            TRUSTEE  
Name            SHERRY, SUZANNE  
Address        1 BASS CIRCLE  
City-State-Zip: WINTER HAVEN FL 33881

*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:** JANET BAILEY**TREASURER****02/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date