

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16503

Entity Name: LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION, INC.**FILED**
Mar 13, 2017
Secretary of State
CC1489992588**Current Principal Place of Business:**6925 LAKE ELLENOR DR
SUITE 115
ORLANDO, FL 32809**Current Mailing Address:**6925 LAKE ELLENOR DR
SUITE 115
ORLANDO, FL 32809 US**FEI Number: 59-2802378****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SRK RESIDENTIAL COMMUNITIES, LLC
6925 LAKE ELLENOR DR
SUITE 115
ORLANDO, FL 32809 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:** STEPHEN R KLOSTERMAN

03/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LYLE, SEAN
Address 6925 LAKE ELLENOR DR
SUITE 115
City-State-Zip: ORLANDO FL 32809

Title T
Name FISCHER, AMY
Address 6925 LAKE ELLENOR DR
SUITE 115
City-State-Zip: ORLANDO FL 32809

Title P
Name CHISHOLM, BRUCE
Address 6925 LAKE ELLENOR DR
SUITE 115
City-State-Zip: ORLANDO FL 32809

Title VP
Name QUIROZ, STEPHANI
Address 6925 LAKE ELLENOR DR
SUITE 115
City-State-Zip: ORLANDO FL 32809

Title SECRETARY
Name GOPAUL, TAMMY
Address 6925 LAKE ELLENOR DR
SUITE 115
City-State-Zip: ORLANDO FL 32809

Title OTHER, MANAGER
Name KLOSTERMAN, STEPHEN RICHARD
Address 6925 LAKE ELLENOR DR
SUITE 115
City-State-Zip: ORLANDO FL 32809

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: STEPHEN R KLOSTERMAN

CHAIRMAN

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date