

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16503

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC7205308237**

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

**Current Principal Place of Business:**

5010 STRATEMEYER DR.  
ORLANDO, FL 32839

**Current Mailing Address:**

PO BOX 593463  
ORLANDO, FL 32859

**FEI Number: 59-2802378**

**Certificate of Status Desired: No**

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

HOME OWNERS MANAGEMENT ENTERPRISE  
5156 STRATEMEYER DR  
ORLANDO, FL 32839 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:** NANCY CHISHOLM

01/11/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CUSHING, PETER  
Address P.O. BOX 593463  
City-State-Zip: ORLANDO FL 32859

Title T  
Name FISCHER, AMY  
Address PO BOX 593463  
City-State-Zip: ORLANDO FL 32859

Title P  
Name CHISHOLM, BRUCE  
Address PO BOX 593463  
City-State-Zip: ORLANDO FL 32859

Title SECRETARY  
Name MADISON, LOUIS  
Address PO BOX 593463  
City-State-Zip: ORLANDO FL 32859

*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:** BRUCE CHISHOLM

**PRESIDENT**

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date