

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728781 (6)

1. Corporation Name:

LAKE JESSAMINE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5325 JESSAMINE LANE
ORLANDO FL 32839
US

5325 JESSAMINE LANE
ORLANDO FL 32839
US

3. Date Incorporated or Qualified

02/08/1974

3a. Date of Last Report

05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number

59-1975072

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALLACE, ROBERT L.
537 MARY JESS ROAD
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME NEWTON, NILE
STREET ADDRESS 5168 STATEMEYER DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME GASTALDO, EDWARD
STREET ADDRESS 5347 LAKE JESSAMINE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE T ☐ DELETE
NAME DUGGINS, APRIL
STREET ADDRESS 5325 JESSAMINE LANE
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE
NAME WYATT, MARTHA
STREET ADDRESS 5335 JESSAMINE LANE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE
NAME RADCLIFF, PETE
STREET ADDRESS 5802 SHELburn CT.
CITY-ST-ZIP ORLANDO, FL 00000

TITLE D ☒ DELETE
NAME OLIN, SUSAN
STREET ADDRESS 424 BYWATER DR.
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME DUGGINS, APRIL
1.3 STREET ADDRESS 5325 JESSAMINE LANE
1.4 CITY-ST-ZIP ORLANDO FL 32839-2055

2.1 TITLE Vice President ☒ Change ☒ Addition
2.2 NAME JOHANN BJORNASON
2.3 STREET ADDRESS 5208 STATEMEYER DRIVE
2.4 CITY-ST-ZIP ORLANDO FL 32839

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME FRANK COUHAN
3.3 STREET ADDRESS 5144 STATEMEYER DRIVE
3.4 CITY-ST-ZIP ORLANDO FL 32839

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME DR. NEIL POWELL
4.3 STREET ADDRESS 5315 JESSAMINE LANE
4.4 CITY-ST-ZIP ORLANDO FL 32839

5.1 TITLE Director ☒ Change ☒ Addition
5.2 NAME JOSEPH ANELLO
5.3 STREET ADDRESS 5164 STATEMEYER DRIVE
5.4 CITY-ST-ZIP ORLANDO FL 32839

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

APRIL S. DUGGINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/96

(407) 826-7702

Date

Daytime Phone

CR2E037 (12/95)