

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90008 019 ****61.25

DOCUMENT # 728781

1. Corporation Name

LAKE JESSAMINE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

5325 JESSAMINE LANE
ORLANDO FL 32839
US

Mailing Address

5325 JESSAMINE LANE
ORLANDO FL 32839
US

572115-90008-19



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State
EDGEWOOD

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State
EDGEWOOD

29 Zip Country

3. Date Incorporated or Qualified

02/08/1974

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

9. Name and Address of Current Registered Agent

WALLACE, ROBERT L
537 MARY JESS ROAD
ORLANDO FL 32809

10. Name and Address of New Registered Agent

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	PT	<input type="checkbox"/> DELETE
NAME	DUGGINS, APRIL	
STREET ADDRESS	5325 JESSAMINE LANE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASTALDO, EDWARD	
STREET ADDRESS	5347 LAKE JESSAMINE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIN, SUSAN	
STREET ADDRESS	424 BYWATER	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	WYATT, MARTHA	
STREET ADDRESS	5335 JESSAMINE LANE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANELLO, JOSEPH	
STREET ADDRESS	5164 STRATEMEYER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, NEIL DR	
STREET ADDRESS	5315 JESSAMINE LANE	
CITY-ST-ZIP	ORLANDO FL 32839	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GALBRAITH, APRIL D. (got married)	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

APRIL D. GALBRAITH
APRIL D. GALBRAITH

TREASURER
6/6/99

407-306-2702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E037 (11/98)