

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728781

1. Entity Name

LAKE JESSAMINE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

5325 JESSAMINE LANE  
EDGEWOOD FL 32839  
US

Mailing Address

5325 JESSAMINE LANE  
EDGEWOOD FL 32839-2055  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1975072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, ROBERT L  
537 MARY JESS ROAD  
ORLANDO FL 32809

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete  
NAME GALBRAITH, APRIL D  
STREET ADDRESS 5325 JESSAMINE LANE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GASTALDO, EDWARD  
STREET ADDRESS 5347 LAKE JESSAMINE DRIVE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME OLIN, SUSAN  
STREET ADDRESS 424 BYWATER  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PS ☐ Delete  
NAME WYATT, MARTHA  
STREET ADDRESS 5335 JESSAMINE LANE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ANELLO, JOSEPH  
STREET ADDRESS 5164 STRATEMEYER DRIVE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME David Willis  
STREET ADDRESS 5157 Crane's Point Court  
CITY-ST-ZIP Orlando, FL 32839

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90090 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)