

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90046 003 \*\*\*\*61.25

DOCUMENT # N03000001120

1. Entity Name

NORTH LAKE JESUP COMMUNITY, INC.



Principal Place of Business

2030 PALM WAY  
SANFORD FL 32773

Mailing Address

PO BOX 950161  
LAKE MARY FL 32795

40011090



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

51-0441080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BURR, T. SHEPARD  
2030 PALM WAY  
SANFORD FL 32773

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete  
NAME DECIRYAN, DANNY  
STREET ADDRESS 1581 SILK TREE CIR  
CITY-ST-ZIP SANFORD FL 32773

TITLE V ☒ Delete  
NAME BANDEN, SUSAN  
STREET ADDRESS 3840 S. BRISSON AVE  
CITY-ST-ZIP SANFORD FL 32773

TITLE T ☐ Delete  
NAME BURR, T. SHEPARD  
STREET ADDRESS 2030 PALM WAY  
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME ROBERT JAIMIN  
STREET ADDRESS 153 MYRTLE ST  
CITY-ST-ZIP SANFORD FL 32773

TITLE VICEPRESIDENT ☐ Change ☒ Addition  
NAME DAVID FAUVRE  
STREET ADDRESS PO Box 4061  
CITY-ST-ZIP SANFORD FL 32772

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

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

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

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

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:

T. SHEPARD BURR TREASURER

1/27/05

407 330 9899