

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JASMIN, ROBERT
STREET ADDRESS	1153 MYRTLE STREET
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	V
NAME	FAUVRE, DAVID
STREET ADDRESS	P.O. BOX 4061
CITY - ST - ZIP	SANFORD, FL 32772
TITLE	T
NAME	BURR, T. SHEPARD
STREET ADDRESS	2030 PALM WAY
CITY - ST - ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/17/06-R00009-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
T. SHEPARD BURR

1/9/06

407 330 2877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #