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 # N16503 (7)

1. Corporation Name

LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business: POST OFFICE BOX 73, ORLANDO FL 32802

Mailing Address: POST OFFICE BOX 73, ORLANDO FL 32802

3. Date Incorporated or Qualified: 08/25/1986
3a. Date of Last Report: 02/27/1995
4. FEI Number: 59-2802378 — Applied For / Not Applicable

2. Principal Place of Business
21 P.O. Box 593961
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL
Zip
24 32859
Country
25 Orange

2a. Mailing Address
26 P.O. Box 593961
Suite, Apt. #, etc.
27
City & State
28 Orlando, FL
Zip
29 32859
Country
30 Orange

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**

BAILEY, ANITA
918 BRADSHAW TERRACE
ORLANDO FL 32806

10. **Name and Address of New Registered Agent**

81 Name: Peggy D. Luby
82 Street Address (P.O. Box Number is Not Acceptable): 5117 Stratemeyer Dr.
83
84 City: Orlando FL
85 Zip Code: 32839

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: Peggy Davis Luby — Secretary/Treas. — DATE: 4-23-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MIKE POTTER	
STREET ADDRESS	5132 STRATEMEYER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32859	
TITLE	VPSD	☐ DELETE
NAME	JACK FINCH,	
STREET ADDRESS	5140 STRATEMEYER DR.	
CITY-ST-ZIP	ORLANDO FL 32859	
TITLE	TD	☐ DELETE
NAME	OWENS, MARY	
STREET ADDRESS	5180 STRATEMEYER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Arman Shargan	
1.3 STREET ADDRESS	5129 Stratemeyer Dr.	
1.4 CITY-ST-ZIP	Orlando, FL 32859	
2.1 TITLE	VPSD	☒ Change ☐ Addition
2.2 NAME	Mike Potter	
2.3 STREET ADDRESS	5132 Stratemeyer Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32859	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	Peggy D. Luby	
3.3 STREET ADDRESS	5117 Stratemeyer Dr	
3.4 CITY-ST-ZIP	Orlando, FL 32839	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 119.07(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: Peggy Davis Luby — PEGGY DAVIS LUBY — 4-23-96 — 407-857-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #