


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 PO BOX 593961 ORLANDO FL 32859 US		Mailing Address PO BOX 593961 ORLANDO FL 32859-3961 US	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21		08/25/1986	
22		3a. Date of Last Report	
23		05/01/1996	
24		4. FEI Number	
25		59-2802378	
26		Applied For	
27		Not Applicable	
28		5. Certificate of Status Desired	
29		8.75 Additional Fee Required	
30		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	
		No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LUBY, PEGGY D. 5117 STRATEMEYER DR ORLANDO FL 32839		81 Name FEDRICKA SAMMS	
		82 Street Address (P.O. Box Number is Not Acceptable) 5120 AVIGNON CT	
		83 ORLANDO	
		84 City	
		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		DATE	
[Signature]		4/25/97	
12. OFFICERS AND DIRECTORS			
TITLE	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SHARIGAN, ARMAN	1.1 TITLE	
STREET ADDRESS	5129 STRATEMEYER DR	PD	
CITY-ST-ZIP	ORLANDO FL	1.2 NAME	
		EFRAIN COLON	
		1.3 STREET ADDRESS	
		5096 STRATEMEYER DR	
		1.4 CITY-ST-ZIP	
		ORLANDO, FL. 32839	
TITLE	VPSD	2.1 TITLE	
NAME	POTTER, MIKE	VPSD	
STREET ADDRESS	5132 STRATEMEYER DRIVE	2.2 NAME	
CITY-ST-ZIP	ORLANDO FL	JOE FABIANO	
		2.3 STREET ADDRESS	
		5162 CREUSOT CT	
		2.4 CITY-ST-ZIP	
		ORLANDO, FL. 32839	
TITLE	TD	3.1 TITLE	
NAME	LUBY, PEGGY D.	TD	
STREET ADDRESS	5117 STRATEMEYER DR	3.2 NAME	
CITY-ST-ZIP	ORLANDO FL	FEDRICKA SAMMS	
		3.3 STREET ADDRESS	
		5120 AVIGNON CT	
		3.4 CITY-ST-ZIP	
		ORLANDO, FL. 32839	
TITLE		4.1 TITLE	
NAME			
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP			
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME			
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP			
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME			
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP			
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE:		SIGNATURE REQUIRED	
[Signature]		[Signature]	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		4/25/97 402400865	

CR2E037 (9/96)