SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Jul 13, 1999 8:00 am
Secretary of State
07-13-1999 90010 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16503

1. Corporation Name
LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 593961 ORLANDO FL 32859 US	PO BOX 593961 ORLANDO FL 32859 US

587219 - 90010 - 47

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/25/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2802378 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EFRAIN COLON
5096 STRATEMEYER DR
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name: Shawn Nielsen
82 Street Address (P.O. Box Number is Not Acceptable): 5125 Creusot CT
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: Shawn Nielsen 07/06/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	COLON, EFRAIN		1.2 NAME	Holly Spooney	
STREET ADDRESS	5096 STRATEMEYER DR		1.3 STREET ADDRESS	5145 Stratemeyer Dr.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32839	
TITLE	VPSD	☒ DELETE	2.1 TITLE	VPSD	☐ Change ☒ Addition
NAME	CORBETT KROEHLER		2.2 NAME	Edward Russell	
STREET ADDRESS	5104 STRATEMEYER DR		2.3 STREET ADDRESS	5189 Stratemeyer Dr.	
CITY-ST-ZIP	ORLANDO FL 32839		2. 4 CITY-ST-ZIP	Orlando, FL. 32839	
TITLE	TD	☒ DELETE	3.1 TITLE	~~Shawn Nielsen~~ TD	☐ Change ☒ Addition
NAME	CATRIN KROCHLER		3.2 NAME	Shawn Nielsen	
STREET ADDRESS	5104 STRATEMEYER DR		3.3 STREET ADDRESS	5125 Creusot Ct.	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	Orlando, Fl. 32839	
TITLE		☐ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME			4. 2 NAME	Peggy Luby	
STREET ADDRESS			4.3 STREET ADDRESS	5117 Stratemeyer Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Orlando, FL. 32839	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Shawn Nielsen SIGNATURE REQUIRED Shawn Nielsen 07/06/99 (407) 356-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #