

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

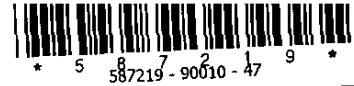
**LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION,
INC.**

Principal Place of Business

PO BOX 593961
ORLANDO FL 32859
US

Mailing Address

PO BOX 593961
ORLANDO FL 32859
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip **30** Country

3. Date Incorporated or Qualified

08/25/1986

4. FEI Number

59-2802378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

(NOTE: Registered Agent signature required when reinstating)

07/06/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	COLON, EFRAIN	
STREET ADDRESS	5096 STRATEMEYER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPSD	☒ DELETE
NAME	CORBETT KROEHLER	
STREET ADDRESS	5104 STRATEMEYER DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	TD	☒ DELETE
NAME	CATRIN KROCHLER	
STREET ADDRESS	5104 STRATEMEYER DR	
CITY-ST-ZIP	ORLANDO FL	
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	HOLLY SPOONLEY	
1.3 STREET ADDRESS	5145 STRATEMEYER DR.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32839	
2.1 TITLE	VPSD	☐ Change ☒ Addition
2.2 NAME	EDWARD RUSSELL	
2.3 STREET ADDRESS	5189 STRATEMEYER DR.	
2.4 CITY-ST-ZIP	ORLANDO, FL. 32839	
3.1 TITLE	Shawn Nielsen TD	☐ Change ☒ Addition
3.2 NAME	Shawn Nielsen	
3.3 STREET ADDRESS	5125 CREUSOT CT.	
3.4 CITY-ST-ZIP	ORLANDO, FL. 32839	
4.1 TITLE	Secretary	☐ Change ☒ Addition
4.2 NAME	Peggy Luby	
4.3 STREET ADDRESS	5117 STRATEMEYER DR.	
4.4 CITY-ST-ZIP	ORLANDO, FL. 32839	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/99

DATE

(407) 356-3193

DAYTIME PHONE #