2000 UNIFORM BUSINESS REPORT (UBR)

8/28/00-90040-032-$61.25-$61.25

DOCUMENT # N16503

1. Entity Name

LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATIO

FILED

00 OCT 24 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2802378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NIELSEN, SHAWN 5125 CREUSOT CT ORLANDO FL 32839	Name LUBY - PEGGY Street Address (P.O. Box Number is Not Acceptable) 5117 STRATEMEYER DR. City ORLANDO FL Zip Code 32839

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.

SIGNATURE PEGGY DAVIS LUBY Peggy Davis Luby 11-1-00
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPOONLEY, HOLLY 5145 STRATEMEYER DR ORLANDO FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUSSEL, EDWARD 5189 STRATEMEYER DR. D V Pres ORLANDO, FL 32839	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD RUSSEL, EDWARD 5189 STRATEMEYER DR ORLANDO FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM E. BROWN 5088 STRATEMEYER DR D - Pres ORLANDO, FL 32839	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NIELSEN, SHAWN 5125 CREUSOT CT ORLANDO FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUBY, PEGGY 5117 STRATEMEYER DR D - Pres ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 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: Shawn Nielsen SHAWN NIELSEN 8/25/00 (407)356-3193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #