

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90060 006 ****61.25

DOCUMENT # N16503

1. Entity 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

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

LUBY, PEGGY
5117 STRATE MEYER DR.
ORLANDO FL 32839

Name **Holly Spoonley**
 Street Address (P.O. Box Number is Not Acceptable) **5145 Stratemeyer Dr**
 City **Edgewood** FL **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

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

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	VD	<input type="checkbox"/> Delete
NAME	RUSSEL, EDWARD	
STREET ADDRESS	5189 STRATEMEYER DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, WILLIAM E	
STREET ADDRESS	5088 STRATEMEYER DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LUBY, PEGGY	
STREET ADDRESS	5117-STRATEMEYER DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Edgewood	
CITY-ST-ZIP	Edgewood	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Edgewood	
CITY-ST-ZIP	Edgewood	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holly Spoonley	
STREET ADDRESS	5145 Stratemeyer Dr	
CITY-ST-ZIP	Edgewood, FL 32839	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Williams	
STREET ADDRESS	5161 Creusot Ct	
CITY-ST-ZIP	Edgewood FL 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Holly Spoonley 1-11-02 407-488-8827

CR2E037 (9/01)