## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # N16503 1. Entity Name 02-17-2006 90080 028 \*\*\*\*61.25 LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 593961 ORLANDO FL 32859 PO BOX 593961 ORLANDO FL 32859 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2802378 Not Applicable Country Zio Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLY, SPOONELY Box Number is Not Acceptable) Strate meyer Dr 5145 STRATEMYER DR EDGEWOOD FL 32839 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State DV ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Ed Russell - DV Change Addition • Delete TITLE PAVLIK, DAN NAME NAME 5189 strate meyer Dr 5164 STRATEMEYER DR STREET ADDRESS STREET ADDRESS EDGEWOOD FL 32839 Orlando, FL\_32839 City - St - 7(P CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition BROWN, WILLIAM E NAME STREET ADDRESS 5088 STRATEMEYER DR STREET ADDRESS EDGEWOOD FL 32839 CITY-ST-ZIP CITY-ST-ZIP Change ĎΤ ☐ Addition TITLE Delete TITLE SPOONELY, HOLLY Rebecca Paulik NAME NAME STREET ADDRESS 5145 STRATEMYER DR STREET ADDRESS 5164 Stratemeyer Dr. CITY-ST-ZIP CITY-ST-ZIP EDGEWOOD FL 32839 Crlando, FL 32439 THTLE ☐ Delete ☐ Addition CHISHOLM, BRUCE NAME -STREET ADDRESS 5156 STRATEMEYER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EDGEWOOD FL 32839 ☐ Delete THTLE Change Addition MASAE MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TATLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

FILED

407-812-8090