2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16503

City-St-Zip:

EDGEWOOD, FL 32839

FILED Mar 30, 2007 Secretary of State

Entity Name: LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 593961 75 GATLIN AVENUE

ORLANDO, FL 32859 US

ORLANDO, FL 32806 US

Current Mailing Address: New Mailing Address:

PO BOX 593961 75 GATLIN AVE.

ORLANDO, FL 32859 US A

ORLANDO, FL 32806 US

FEI Number: 59-2802378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAVLIK, REBECCA ENCORE PROPERTY MANAGEMENT, LLC 5164 STRATEMEYER DR 75 GATLIN AVE.

EDGEWOOD, FL 32839 US A ORLANDO, FL 32806 US

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: NANCY WARREN 03/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

EDGEWOOD, FL 32839 US

itle: DV () Delete Title: DV (X) Change () Addition

 Name:
 RUSSELL, ED
 Name:
 CHISHOLM, BRUCE

 Address:
 5189 STRATEMEYER DR
 Address:
 5156 STRATEMEYER DR

 City-St-Zip:
 EDGEWOOD, FL 32839
 City-St-Zip:
 EDGEWOOD, FL 32839 US

Title: DP () Delete Title: DP (X) Change () Addition

Name: BROWN, WILLIAM E Name: PAVLIK, DAN

Address: 5088 STRATEMEYER DR Address: 5164 STRATEMEYER DR City-St-Zip: EDGEWOOD, FL 32839 City-St-Zip: EDGEWOOD, FL 32839 US

Title: DT () Delete Title: DT (X) Change () Addition
Name: PAVLIK, REBECCA Name: LUBY, BILL

 Address:
 5164 STRATEMEYER DR
 Address:
 5117 STRATEMEYER DR

 City-St-Zip:
 ORLANDO, FL 32839
 City-St-Zip:
 ORLANDO, FL 32839 US

itle: DS () Delete Title: DS (X) Change () A

Title: DS () Delete Title: DS (X) Change () Addition Name: CHISHOLM, BRUCE Name: LAROSE, DUNREY
Address: 5156 STRATEMEYER DR Address: 5152 STRATEMEYER DR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: NANCY WARREN AGT 03/30/2007