

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 03, 2007
Secretary of State

DOCUMENT# N94000002149

Entity Name: THE WOODS OF JESSAMINE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1501 W COLONIAL DR
ORLANDO, FL 32804**New Principal Place of Business:**5332 LAZY OAKS LANE
ORLANDO, FL 32839**Current Mailing Address:**1501 W COLONIAL DR
ORLANDO, FL 32804**New Mailing Address:**5332 LAZY OAKS LANE
ORLANDO, FL 32839**FEI Number:** 59-3265710**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REX, CHARLES W JR.
1501 W COLONIAL DR
ORLANDO, FL 32804 US**Name and Address of New Registered Agent:**WATTERS, TERISE H
5332 LAZY OAKS LANE
ORLANDO, FL 32839 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: TERISE H WATTERS

10/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REX, CHARLES W JR.
Address: 1501 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Delete
Name: REX, RANDALL
Address: 1501 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: SD (X) Delete
Name: REX, SAMULINE S
Address: 1501 W. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WATTERS, TERISE H
Address: 5332 LAZY OAKS LANE
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TERISE H. WATTERS

PRES

10/03/2007

Electronic Signature of Signing Officer or Director

Date