


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004168	
1. Entity Name JESSAMINE LANE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 5158 CRANE'S POINT COURT EDGEWOOD, FL 32839	Mailing Address 5158 CRANE'S POINT COURT EDGEWOOD, FL 32839
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3400267	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICOLOFF, JAMES B
5158 CRANE'S POINT COURT
EDGEWOOD, FL 32839

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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.

SIGNATURE:  DATE: 11.7.04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

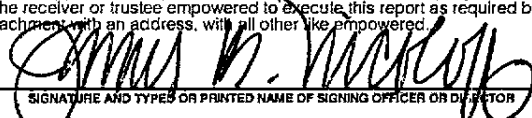
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICOLOFF, JAMES B 5158 CRANE'S POINT COURT EDGEWOOD, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TEAGUE, MIKE 5553 JESSAMINE LANE EDGEWOOD, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREY, RODERIC 5533 JESSAMINE LANE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/04 80032-018 61.25

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:  DATE: 11.7.04 (407) 855-1520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR