

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**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3400267

Applied For
 Applied For
 Not Applicable

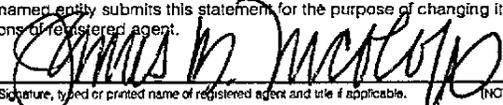
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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:  **11.7.04**

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

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

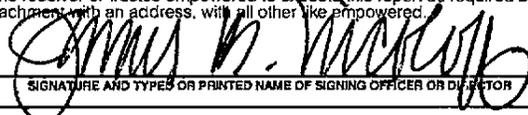
10. OFFICERS AND DIRECTORS

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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100000045945
 02/11/04 50032-018 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)(f), 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:  **11.7.04** **(407) 855-1520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #