

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40331 (3)**

1. Corporation Name

CONWAY PLACE HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.



Principal Place of Business

Mailing Address

C/O NELMS, RODNEY
4121 CONWAY PLACE CIR
ORLANDO FL 32812
US

MURRAY, PHYLLIS
4019 CONWAY PLACE CIRCLE
ORLANDO FL 32812
US

3. Date Incorporated or Qualified **10/12/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **C O DOONE, JEFF**

26

4. FEI Number **59-3133607** Applied For Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **4078 CONWAY PLACE CIR.**

27

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

City & State

City & State

23 **ORLANDO, FL.**

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24 **32812**

25 **U.S.**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURRAY, PHYLLIS
4019 CONWAY PLACE CIRCLE
ORLANDO FL 32812

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Phyllis Murray
Signature typed or printed name of registered agent and title, if applicable

PHYLLIS MURRAY
(NOTE: Registered Agent signature required when reinstating)

2-19-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NELMS, RODNEY	
STREET ADDRESS	4121 CONWAY PLACE CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GEORGE III, CHARLES R	
STREET ADDRESS	4084 CONWAY PALCE CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURRAY, PHYLLIS	
STREET ADDRESS	4019 CONWAY PLACE CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTTRELL, STELLA	
STREET ADDRESS	4036 CONWAY PLACE CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOINE, JEFF	
STREET ADDRESS	4078 CONWAY PLACE CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARTLIEB, KATHI A	
STREET ADDRESS	4122 CONWAY PLACE CIRCLE	
CITY - ST - ZIP	ORLANDO FL	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEGEAT, JAMES J.	
1.3 STREET ADDRESS	4221 PECAN LAWE	
1.4 CITY - ST - ZIP	ORLANDO, FL. 32812	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	POWELL, HOWARD T.	
2.3 STREET ADDRESS	4006 CONWAY PLACE CIRCLE	
2.4 CITY - ST - ZIP	ORLANDO, FL. 32812	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOINE, JEFF	
5.3 STREET ADDRESS	4078 CONWAY PLACE CIRCLE	
5.4 CITY - ST - ZIP	ORLANDO, FL. 32812	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Phyllis Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96
Date

(407) 662-3410
Daytime Phone #

CR2E037 (12/95)