
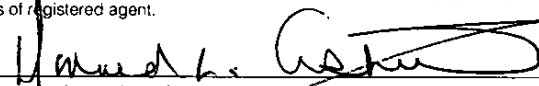
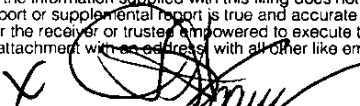


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90021 029 ****61.25

DOCUMENT # N96000001944					
1. Entity Name CONWAY GROVES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1801 COOK AVENUE ORLANDO, FL 32806 US			Mailing Address 1801 COOK AVENUE ORLANDO, FL 32806 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3391233	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DON ASHER & ASSOCIATES, INC. 52 EAST SOUTH ST ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) 1801 Cook Ave Orlando FL Zip Code 32806		
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  Signature, typed or printed name of registered agent and date if applicable			DATE 6/18/2008		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAGNER, LAURA		NAME		
STREET ADDRESS	4219 BELLE GROVE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PISANO, THOMAS		NAME		
STREET ADDRESS	4318 KEZAR COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, BOB		NAME		
STREET ADDRESS	6221 FRANKOHIA DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE	DAL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAWSON, VAIKE		NAME		
STREET ADDRESS	4101 BELL TOWER CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 6/24/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		