

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000001944****1. Entity Name**
CONWAY GROVES HOMEOWNERS ASSOCIATION, INC.**Principal Place of Business**
1416 CONCORD ST., E
ORLANDO FL 32803
Mailing Address
P.O. BOX 531010
ORLANDO FL 328531010**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
Zip Country Zip Country
4. FEI Number
59-3391233
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
THE MELROSE CORPORATION
1416 CONCORD ST., E
ORLANDO FL 32803
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code**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.****SIGNATURE JACK B. HANSON** **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAPLETON KIRSTEN			NAME	COMBS SHARON		
STREET ADDRESS	385 DOUGLAS AVE., STE 2000			STREET ADDRESS	6651 FRANCONIA DRIVE		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714			CITY-ST-ZIP	BELLE ISLE FL 32812		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAKRANSKY JAMES			NAME	BAUM STEVE		
STREET ADDRESS	385 DOUGLAS AVE., STE 2000			STREET ADDRESS	4125 BELL TOWER COURT		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714			CITY-ST-ZIP	BELLE ISLE FL 32812		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILES PHIL			NAME	GRAY ALLAN		
STREET ADDRESS	385 DOUGLAS AVE., STE 2000			STREET ADDRESS	4230 CRANMORE COURT		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714			CITY-ST-ZIP	BELLE ISLE FL 32812		
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			
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 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: STEVE BAUM** **D** **04/27/2001**

CR2E037 (11/00)