2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N96000001944

Entity Name: CONWAY GROVES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1801 COOK AVENUE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1801 COOK AVENUE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-3391233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DON ASHER & ASSOCIATES, INC.
1801 COOK AVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAGNER, LAURA
Address: 4219 BELLE GROVE COURT
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: PISANO, THOMAS
Address: 4318 KEZAR COURT
City-St-Zip: ORLANDO, FL 32812

Title: S ( ) Delete
Name: RUSSELL, BOB
Address: 6221 FRANKOHIA DR.
City-St-Zip: ORLANDO, FL 32812

Title: DAL ( ) Delete
Name: DAWSON, VAIKE
Address: 4101 BELL TOWER CT
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DAL (X) Change ( ) Addition
Name: DAWSON, VANCE
Address: 4101 BELL TOWER CT
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TASHA TORRES LCAM 02/03/2009

Electronic Signature of Signing Officer or Director Date