FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90679 022 ****61.25

90052129

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001944

1. Entity Name
CONWAY GROVES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PENN FIRST MANAGEMENT, INC. 1813 NO. DEAN RD., STE. 103 ORLANDO, FL 32817	~~P.O. BOX 531010~~ ~~ORLANDO, FL 32853-1010~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	C/O PENN FIRST MGMT, INC Suite, Apt. #, etc. 1813 N. DEAN RD #103
City & State	City & State ORLANDO FL
Zip / Country	Zip 32817 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3391233 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEELER, LARRY C/O PENN FIRST MANAGEMENT, INC. 1813 NO. DEAN RD., STE. 103 ORLANDO, FL 32817	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LAWRENCE SHEELER 3/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ GRAY, ALLAN 4230 CRANMORE COURT BELLE ISLE, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ BAUM, STEVE 4125 BELL TOWER COURT BELLE ISLE, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~COMBS, SHARON~~ ~~6651 FRANCONIA DRIVE~~ ~~BELLE ISLE, FL 32812~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD STEVE MOERMAN 4244 BELL TOWER CT BELLE ISLE, FL 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 03-5-03 407-251-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #