

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710001

FILED
Apr 22, 2006
Secretary of State

Entity Name: LAKE CONWAY ESTATES RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

5009 PELLEPORT AVE
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

P OBOX 593242
ORLANDO, FL 328593242 US

New Mailing Address:

FEI Number: 23-7205150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLLENWERK, MARNE
5009 PELLEPORT AVE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

STAFFORD, DREW
2825 MONTMART DR
ORLANDO, FL 32812 US

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: DREW STAFFORD

04/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MOSKOWITZ, MARSHA
Address: 4915 GREMONT AVE
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: STAFFORD, DREW
Address: 2825 MONTMORT DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: PD () Delete
Name: DIBBLE, BRIAN
Address: 4909 DORIAN
City-St-Zip: ORLANDO, FL 32812

Title: S () Delete
Name: SWAIN, CINDY
Address: 3621 PONCEAU STREET
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DREW STAFFORD

TREA

04/22/2006

Electronic Signature of Signing Officer or Director

Date