

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710001

FILED  
Apr 29, 2007  
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:**

5034 DORIAN AVE.  
ORLANDO, FL 32812 US

**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 (X)

**Name and Address of Current Registered Agent:**

STAFFORD, DREW  
2825 MONTMART DR  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

LOGIE, JAMES  
3207 CULLEN LAKE SHORE 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: JAMES LOGIE

04/29/2007

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: VD (X) Change ( ) Addition  
Name: READ, CARA  
Address: 3308 CULLEN LAKE SHORE DR.  
City-St-Zip: ORLANDO, FL 32812

Title: T (X) Change ( ) Addition  
Name: LOGIE, JAMES  
Address: 3207 CULLEN LAKE SHORE DR.  
City-St-Zip: ORLANDO, FL 32812

Title: PD (X) Change ( ) Addition  
Name: EVERTSEN, JOHN  
Address: 5034 DORIAN AVE.  
City-St-Zip: ORLANDO, FL 32812

Title: S (X) Change ( ) Addition  
Name: DIBERARDINO, BECKY  
Address: 5108 MONET AVE.  
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: JAMES LOGIE

T

04/29/2007

Electronic Signature of Signing Officer or Director

Date