

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710001

FILED  
Mar 01, 2008  
Secretary of State

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

**Current Principal Place of Business:**

5034 DORIAN 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:**

LOGIE, JAMES  
3207 CULLEN LAKE SHORE DR.  
ORLANDO, FL 32812 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: VD ( ) Delete  
Name: READ, CARA  
Address: 3308 CULLEN LAKE SHORE DR.  
City-St-Zip: ORLANDO, FL 32812

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

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

Title: S ( ) Delete  
Name: DIBERARDINO, BECKY  
Address: 5108 MONET AVE.  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

03/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date