2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 710001

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:	PD	( ) Delete
Name:	REED, 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:	VD	( ) 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:	( ) 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 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 04/16/2009

Electronic Signature of Signing Officer or Director — Date