

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.75).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Oct 08 1998 8:00am
 Secretary of State

DOCUMENT # 721315

(0)

1. Corporation Name

CONWAY RECREATION PARK, INC.

Principal Place of Business

Mailing Address

P O BOX 561253
 ORLANDO FL 32856-8253

P O BOX 561253
 ORLANDO FL 32856-8253

2 Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24 9. Name and Address of Current Registered Agent

21 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

10. Name and Address of New Registered Agent

BACHAND, BRUCE G
 5357 CHISWICK CIRCLE
 ORLANDO FL 32812

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

07/08/1971

4. FEI Number

59-1365048

Applied For Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution []

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

[] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

[] Yes [X] No

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	WHALEY, GARY	
STREET ADDRESS	4731 PINELLAS DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	PD	[] DELETE
NAME	BACHAND, BRUCE G.	
STREET ADDRESS	5357 CHISWICK CIRCLE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	TD	[] DELETE
NAME	WIELAND, GLEN D	
STREET ADDRESS	3309 RAEFORD RD	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	[] DELETE
NAME	PITTMAN, DON	
STREET ADDRESS	2705 RAEFORD CT.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VPD	[] DELETE
NAME	ROME, ALAN	
STREET ADDRESS	4439 SEAWATER DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	SD	[] DELETE
NAME	WATWOOD, ANGIE	
STREET ADDRESS	2709 GLENDORA DR	
CITY-STATE-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bruce G. Bachand* President 9/28/98 404-537-6491
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)