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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 721315**

1. Corporation Name

CONWAY RECREATION PARK, INC.

Principal Place of Business

P O BOX 561253 ORLANDO FL 32856-8253

2. Principal Place of Business

Mailing Address

P O BOX 561253 ORLANDO FL 32856-8253

2a. Mailing Address

FILED Jun 17, 1999 8:00 am Secretary of State

06-17-1999 90008 034 ****61.25

3. Date incorporated or Qualifed

07/08/1971 4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc.		4. FEI Number	Apr	olied For			
		59-1365048	Not	Applicable			
City & State City & State	····	5. Certificate of Status Desired	\$8.75 A				
3 Orlando, FL 28	Country			<u></u>			
Zip Country Zip	Country	6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees					
4 320 25 03 7 29	30	Trust Fund Contribution 10. Name and Address of New Registered		rees			
Name and Address of Current Registered Agent	81 Names		Agent				
	°' ' ' " ⁄Z _r	uce G. Bachand					
BACHAND, BRUCE G	82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)					
5357 CHISWICK CIRCLE		3130 Great Oaks Lane					
ORLANDO FL 32812	83						
	84 City		85 Zip C	ode			
and the same of th	I Orl	ando, Fl	<u>- 132</u>	2806			
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida State office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 617.0503, FI SIGNATURE 	authorized by the corporati lorida Statutes.	ion's board of directors. I hereby accept the appo	changing its intraction as reg	registered pistered			
agricult, typed or printed that the second of the second o	TE: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12			
12. OFFICERS AND DIRECTORS	1.1 TITLE	Abbittotto of Fittoco To G. 1. 1921 to 7.	☐ Change	Addition			
NAME WHALEY, GARY	1.2 NAME						
STREET ADDRESS 4731 PINELLAS DR	1.3 STREET ADDRESS						
CITY-ST-ZIP ORLANDO FL	1.4 CITY- ST-ZIP	<i>o.</i> c.	Change	Addition			
TITLE PD DELETE	2.1 TITLE	Bachand, Bruce G. 3130 Great Oaks L Orlando, FC 3280	- Change	Addition }			
NAME BACHAND, BRUCE G.	2.2 NAME	bachario, istucc G.					
STREET ADDRESS 5357 CHISWICK CIRCLE	2.3 STREET ADDRESS	3130 Great Oaks L	ane				
CITY-ST-ZIP ORLANDO FL	2. 4 CITY-ST-ZIP	Orlande, H Jako	<u> </u>				
TITLE TD DELETE	3.1 TITLE	•	Change	☐ Addition			
NAME WIELAND, GLEN D	3.2 NAME						
STREET ADDRESS 3309 RAEFORD RD	3.3 STREET ADDRESS			ļ			
CITY-ST-ZIP ORLANDO FL	3.4. CITY-ST-ZIP						
TITLE D DELETE	4.1 TITLE		☐ Change	Addition			
NAME PITTMAN, DON	4. 2 NAME						
STREET ADDRESS 2705 RAEFORD CT.	4.3 STREET ADDRESS			1			
CITY-ST-ZIP ORLANDO FL	4.4 CITY-ST-ZIP						
TITLE VPD DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME ROME, ALAN	5.2 NAME			Į			
STREET ADDRESS 4439 SEAWATER DR	5.3 STREET ADDRESS						
CITY-ST-ZIP ORLANDO FL	5.4 CITY-ST-ZIP			}			
TITLE SD DELETE	6.1 TITLE		Change	☐ Addition			
NAME WATWOOD, ANGIE	6.2 NAME						
STREET ADDRESS 2709 GLENDORA DR	6.3 STREET ADDRESS						
· ·							
CITY-ST-ZIP ORLANDO FL	6.4 CITY-ST-ZIP						

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 a officer or director of the corporation or the receiver or trustee exprovered 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, with all other like empowered.

SIGNATURE:

Applied For