

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 22, 2005  
Secretary of State**

DOCUMENT# 721315

Entity Name: CONWAY RECREATION PARK, INC.

**Current Principal Place of Business:**

1400 KENNEDY AVENUE  
ORLANDO, FL 32812 US

**New Principal Place of Business:**

4400 KENNEDY RD  
ORLANDO, FL 32812 US

**Current Mailing Address:**

P.O. BOX 560294  
ORLANDO, FL 328560294

**New Mailing Address:**

P.O. BOX 561253  
ORLANDO, FL 32856 US

FEI Number: 59-1365048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIAMS, SCOTT P  
2709 KINGFISHER DRIVE  
ORLANDO, FL 32806 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: SCOTT WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, SCOTT P  
Address: 2709 KINGFISHER DRIVE  
City-St-Zip: ORLANDO, FL 32806

Title: VP (X) Delete  
Name: EATON, DEAN  
Address: 5403 CONWAY OAKS COURT  
City-St-Zip: ORLANDO, FL 32812

Title: S ( ) Delete  
Name: BAKER, HARVEY  
Address: 3700 OAKVIEW  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: BARROWS, CARLA  
Address: 2134 MONASTERY CIRCLE  
City-St-Zip: ORLANDO, FL 32822

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

Title: SEC (X) Change ( ) Addition  
Name: WILLIAMS, SCOTT P  
Address: 2709 KINGFISHER DRIVE  
City-St-Zip: ORLANDO, FL 32806

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

Title: P (X) Change ( ) Addition  
Name: BAKER, HARVEY  
Address: 3700 OAKVIEW  
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 for the exemption stated in Section 119.07(3)(i), 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: CARLA BARROWS

T

02/22/2005

Electronic Signature of Signing Officer or Director

Date