## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#721315** 

FILED Mar 09, 2006 Secretary of State

Entity Name: CONWAY RECREATION PARK, INC.

Current Principal Place of Business: New Principal Place of Business:

4400 KENNEDY RD ORLANDO, FL 32812 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

WILLIAMS, SCOTT P

2709 KINGFISHER DRIVE

ORLANDO, FL 32806 US

BARROWS, CARLA F T

2134 MONASTERY CIRCLE

ORLANDO, FL 32822 US

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: CARLA BARROWS 03/09/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SEC ( ) Delete
 Title:
 T (X) Change ( ) Addition

 Name:
 WILLIAMS, SCOTT P
 Name:
 BARROWS, CARLA F

 Address:
 2709 KINGFISHER DRIVE
 Address:
 2134 MONASTERY CIRCLE

Address: 2709 KINGFISHER DRIVE Address: 2134 MONASTERY CIRC City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32822

Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: BAKER, HARVEY Name:

 Name
 DANCEY, HARVEY
 Name

 Address:
 3700 OAKVIEW
 Address:

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BARROWS, CARLA
 Name:

 Address:
 2134 MONASTERY CIRCLE
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLA BARROWS T 03/09/2006