FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 725672

(0)

LAKE CONWAY WOODS ASSOCIATION INC

Principal Place	of Business	Mailing Address		T 400/11 100/10 11301 EINIR ONN 100/10	NUN MANUN MUNUK MUNUK MANUK MUNUK MANUK ANDAR
P. O. BOX 561 ORLANDO FL		P. O. BOX 568291 ORLANDO FL 32856			
•				 Date Incorporated or Qualified 02/26/1973 	3a. Date of Last Report 08/10/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1616632	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curren	29 29 Agent	[30]	Florida Statutes L 10. Name and Address of New Re	Yes No
	g, Hallo and Addiose of Carro	Trogramme Transmission	81 Name	0	
DUNAGAN, F. H 4101 TERIWOOD AVENUE DUNAGAN, F. H 4101 TERIWOOD AVENUE					
4101 TERIWOOD AVENUE			41	078 Summerwa	OD AVE.
ORLANDO FL 32812					
			84 City	PIANDO FI	EI 85 ZINCOOP.
44 Divisiont to	the provisions of Sections 617 0500	and 617 1609 Florida Statute	es the above-named co	reportion pulpoits this statement for the pure	ose of changing its registered office
11. Pursuant to the previsions 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, typed or printer name of registered agent		TE Registered Agent signature re		DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD	DELETE	1.1 TOTLE		Change Addition
NAME	BEAN, GEORGE		1.2 NAME		
STREET ADDRESS	4078 SUMMERWOOD AVE	_	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	VD .	Change Addition
NAME	VD		2.2 NAME	SHARON DARIN	-
STREET ADDRESS	NUNN, BILL 4404 MEADOWOOD ST.		2.3 STREET ADDRESS	4096 WINTERWOOD	
CITY-ST-2IP	ORLANDO FL	,	2. 4 CITY - ST - ZIP	ORIANDO FL 328	12
TITLE	TD	DELETE	3 1 TITLE	TD .	Change Addition
NAME	QUIRK, CARYN V.		3.2 NAME	SYA RIVERO	
STREET ADDRESS	4029 TERIWOOD AVE		3.3 STREET ADDRESS	4382 TIDEWATER	in
CITY-ST-ZIP	ORLANDO FL	TMOELETE	3.4. CITY-ST-ZIP 4.1 TITLE	ORIANDO, FL 3A8	Change Addition
TITLE	SD BOULD	<u>(₩</u> DCCC1L	4.2 NAME	SD. Railau	E STORES
NAME STREET ADDRESS	JONES, DOUG		4. 2 NAME 4.3 STREET ADDRESS	LISA Bailey 4041 Terimond Ave	
CITY-ST-ZIP	4423 TIDEWATER DR. ORLANDO FL	/	4.4 CITY-ST-ZIP	ORIANDO FI. 328	12,
TITLE	D D	DELETE	5 1 TITLE	D	Change Addition
NAME	KING, MARY		5.2 NAME	ED STUART 4213 FALLWOOD	
STREET ADDRESS	4178 FALLWOOD CIR	4	5.3 STREET ADDRESS	4213 FALLWOOD	•
CITY-ST-ZIP	ORLANDO FL		5.4 CITY - ST - ZIP	ORIANDO, FI. 3281.	Change Addition
TITLE	D	DELETE	61 TITLE	D	☐ Change ☐ Addition
NAME	SOLOMONSON, JIM		6.2 NAME	BO WELL WOOD	
STREET ADDRESS	4035 TERIWOOD AVE		6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		812
14. I do hereb	ORLANDO FL y certify that the information supplied	with this filing is voluntarily furn	signed and does not aus	alify for the exemption stated in Section 119 (07(3)(k) Florida Statutes, Lfurther
certify that	the information indicated on this and	iual report or supplemental ann oration or the receiver or truste	ual report is true and ac e empowered to execut	ccurate and that my signature shall have the te this report as required by Chapter 617, Fig.	same legal effect as il made under
appears in	Block 12 or Block 13 if changed, or	on an attachment with an add	ess.		

SIGNATURE

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 826-4348

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