

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725672** (0)

1. Corporation Name

LAKE CONWAY WOODS ASSOCIATION INC

Principal Place of Business

Mailing Address

P. O. BOX 568291
ORLANDO FL 32856

P. O. BOX 568291
ORLANDO FL 32856-8291



3. Date Incorporated or Qualified **02/26/1973** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1616632	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAN, GEORGE
4078 SUMMERWOOD AVENUE
ORLANDO FL 32812

61 Name Sharon Darin
62 Street Address (P.O. Box Number is Not Acceptable) 4096 Winterwood
63
64 City Orlando FL 32812

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 *Sharon E. Darin* **March 25, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, GEORGE	1.2 NAME	2 BARIN, SHARON
STREET ADDRESS	4078 SUMMERWOOD AVE	1.3 STREET ADDRESS	4096 Winterwood
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, Florida 32812
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIN, SHARON	2.2 NAME	4 Bailey, Lisa
STREET ADDRESS	4096 WINTERWOOD	2.3 STREET ADDRESS	4041 Teriwood Ave.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Florida 32812
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERO, EVA	3.2 NAME	Rivero, EVA
STREET ADDRESS	4382 TIDEWATER	3.3 STREET ADDRESS	4382 TIDEWATER
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, Florida 32812
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, LISA	4.2 NAME	BEAN, George
STREET ADDRESS	4041 TERIWOOD AVENUE	4.3 STREET ADDRESS	4078 Summerwood Ave
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, Florida 32812
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, ED	5.2 NAME	O'Donnell, Terry
STREET ADDRESS	4213 FALLWOOD	5.3 STREET ADDRESS	4054 Summerwood A
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, Florida 32812
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, BO	6.2 NAME	STUART, ED
STREET ADDRESS	4111 FALLWOOD	6.3 STREET ADDRESS	4213 FALLWOOD
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, Florida

14. I do 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lisa Bailey* **REQUIRED** **4/19/97** **826-4348**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018009

CR2E037 (9/96)