

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DARIN, SHARON  
4096 WINTERWOOD  
ORLANDO FL 32812

3. Date Incorporated or Qualified

02/26/1973

4. FEI Number

59-1616632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

DORIS THOMPSON

82 Street Address (P.O. Box Number is Not Acceptable)

83

4094 FALLWOOD CIRCLE

84 City

ORLANDO

FL

85 Zip Code

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 Doris A. Thompson  
Signature, typed or printed name of registered agent and title if applicable

Doris A. Thompson  
(NOTE: Registered Agent signature required when reinstating)

7-13-98  
DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE

NAME BEAN, GEORGE  
STREET ADDRESS 4078 SUMMERWOOD AVE  
CITY-ST-ZIP ORLANDO FL

TITLE PD ☒ DELETE

NAME DARIN, SHARON  
STREET ADDRESS 4096 WINTERWOOD  
CITY-ST-ZIP ORLANDO FL

TITLE TD ☒ DELETE

NAME RIVERO, EVA  
STREET ADDRESS 4382 TIDEWATER  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☒ DELETE

NAME BAILEY, LISA  
STREET ADDRESS 4041 TERIWOOD AVENUE  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME STUART, ED  
STREET ADDRESS 4213 FALLWOOD  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME WELLS, BO  
STREET ADDRESS 4111 FALLWOOD  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME THOMPSON, DORIS  
1.3 STREET ADDRESS 4094 FALLWOOD CIRCLE  
1.4 CITY-ST-ZIP ORLANDO FLORIDA 32812

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME BONGIORNO, TERRY  
2.3 STREET ADDRESS 4454 TIDEWATER  
2.4 CITY-ST-ZIP ORLANDO FLORIDA 32812

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME GERMANOS, KARLA  
3.3 STREET ADDRESS 4455 TIDEWATER  
3.4 CITY-ST-ZIP ORLANDO FL 32812

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME BEHENS, LARRY  
4.3 STREET ADDRESS 4434 CAROLWOOD ST  
4.4 CITY-ST-ZIP ORLANDO FLORIDA 32812

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME CILIBERTI, FRANK  
5.3 STREET ADDRESS 4408 CAROLWOOD ST  
5.4 CITY-ST-ZIP ORLANDO FL 32812

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME GALLAGHER, EDIE  
6.3 STREET ADDRESS 4119 SUMMERWOOD AVE  
6.4 CITY-ST-ZIP ORLANDO FLORIDA 32812

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

SIGNATURE: Doris A. Thompson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
Sep 28 1998 8:00am  
Secretary of State



CR2E037 (5/98)