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 CORF

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DOCUMENT # 725672

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LAKE CONWAY WOODS ASSOCIATION INC					A JUNI DURJE JUNI) ANDIH ANDIH ANDIH BENGE BENGE HENDE	
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Principal Plac	e of Business	Melling Address			O (180 830)) QIQIŞ 810IX BIQIY BIQIY BIQIY BIQIY	
P. O. BOX 568291 P. O. BOX 568291 ORLANDO FL 32856				3. Date Incorporated or Qualified 02/26/1973		
				4. FEI Number 59-1616632	Applied For	
2 Principal F	Place of Business	2a. Mailing Address		39 10 10032	Not Applicable	
21 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State City & State			7. Is this nonprofit corporation a h			
23 28		∑ Yes ☐ No				
Zip	Country	Zip	Country	8. This corporation owes or has p		
24	25		30	Personal Property Tax due Jun		
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
DANIE OHADAH				DORIS THOMPSON		
DARIN, SHARON			82 Street A	ddress (P.O. Box Number is Not Acceptal	ble)	
4096 WINTERWOOD ORLANDO FL 32812			83	nout Ta	<u></u>	
ONLANDO PL SZOIZ			84 City 0	094 FALLWOOD CI	₽¢¢€ ■ 85 Zip Code	
				RLANDO	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.						
BONATURE	$\Gamma = ROU W / (X \cdot O r)$					
	Signature, typed or printed game of registered agent	170	E: Registered Agent signature	1.3 1.1 1.14 . 32 4.2	DATE	
12.	Signature, typed or printed serve of registered egent OFFICERS AND	and the Napplicable. (NOT		required when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 12	
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CITY-ST-ZIP UHLANDU FL

14. I hereby certify that the information supplied with this filling 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 cath; 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:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Devtime Phone #

FILED

Sep 28 1998 8:00am'

Secretary of State

CR2E037 (5