

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90074 030 ****61.25

0018608

DOCUMENT # 725672

1. Corporation Name

LAKE CONWAY WOODS ASSOCIATION INC

Principal Place of Business

P. O. BOX 568291
ORLANDO FL 32856

Mailing Address

P. O. BOX 568291
ORLANDO FL 32856



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

THOMPSON, DORIS
4094 FALLWOOD CIRCLE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, DORIS	
STREET ADDRESS	4094 FALLWOOD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BONGIORNO, TERRY	
STREET ADDRESS	4454 TIDEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GERMANDS, KARLA	
STREET ADDRESS	4454 TIDEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEHRENS, LARRY	
STREET ADDRESS	4434 CAROLWOOD ST.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CILIBERTI, FRANK	
STREET ADDRESS	4408 CAROLWOOD ST.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, EDIE	
STREET ADDRESS	4110 SUMMERWOOD AVE.	
CITY-ST-ZIP	ORLANDO FL 32812	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JIM BUTERA
2.3 STREET ADDRESS	4410 MEADOWWOOD ST
2.4 CITY-ST-ZIP	ORLANDO FL 32812
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LUCIAN HALL
3.3 STREET ADDRESS	4448 TIDEWATER
3.4 CITY-ST-ZIP	ORLANDO FL 32812
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KEN CAMERON
6.3 STREET ADDRESS	4392 MEADOWWOOD ST
6.4 CITY-ST-ZIP	ORLANDO FL 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)