

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725672

1. Entity Name

LAKE CONWAY WOODS ASSOCIATION INC

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90227 019 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 568291
ORLANDO FL 32856

P. O. BOX 568291
ORLANDO FL 32856-8291

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1616632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, DORIS
4094 FALLWOOD CIRCLE
ORLANDO FL 32812

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 24, 2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME THOMPSON, DORIS
STREET ADDRESS 4094 FALLWOOD CIRCLE
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME BUTERA, JIM
STREET ADDRESS 4410 MEADOWOOD ST
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☒ Addition
NAME VP Peter Girard
STREET ADDRESS 4123 Lk. Conway Woods Blvd.
CITY-ST-ZIP Orlando, FL. 32812

TITLE S ☐ Delete
NAME HALL, LILLIAN
STREET ADDRESS 4448 TIDEWATER
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BEHRENS, LARRY
STREET ADDRESS 4434 CAROLWOOD ST.
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CILIBERTI, FRANK
STREET ADDRESS 4408 CAROLWOOD ST.
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAMERON, KEN
STREET ADDRESS 4392 MEADOWOOD ST.
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris A. Thompson
SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 24, 2000

Date

407-317-3000

Daytime Phone #

Ext. 2172

CR2E037 (9/99)