

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725672

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: LAKE CONWAY WOODS ASSOCIATION INC

## Current Principal Place of Business:

P. O. BOX 568201  
ORLANDO, FL 32856

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 568201  
ORLANDO, FL 32856

## New Mailing Address:

FEI Number: 59-1616632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRIN, RENEE  
4058 TERIWOOD  
ORLANDO, FL 32812 US

## Name and Address of New Registered Agent:

MAZA, ALEX  
4010 TERIWOOD  
ORLANDO, FL 32812 US

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: ALEX MAZA

04/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PERRIN, RENEE  
Address: 4058 TERIWOOD  
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete  
Name: MAZA, ALEX  
Address: 4010 TERIWOOD  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: STEPHENS, AIRI  
Address: 4132 SUMMERWOOD AVE  
City-St-Zip: ORLANDO, FL 32862

Title: S ( ) Delete  
Name: TANNER, RENEE  
Address: 4123 LK CONWAY WOOD BLVD  
City-St-Zip: ORLANDO, FL 32812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAZA, ALEX  
Address: 4010 TERIWOOD  
City-St-Zip: ORLANDO, FL 32812

Title: VP (X) Change ( ) Addition  
Name: O'CONNOR, SUZANNE  
Address: 4105 LAKE CONWAY WOODS BLVD  
City-St-Zip: ORLANDO, FL 32812

Title: T (X) Change ( ) Addition  
Name: DARIN, SHARON  
Address: 4096 WINTERWOOD COURT  
City-St-Zip: ORLANDO, FL 32862

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX MAZA

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date