

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90622 033 ****61.25

DOCUMENT # 725672

1. Entity 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

P.O. Box 568201

3. Mailing Address

P.O. Box 568201

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number **59-1616632**

Applied For

Not Applicable

Zip

32856

Country

Zip

32856

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINCKLEY, LYNDIA
4130 FLORAL WOOD CT
ORLANDO FL 32812

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SAME REGISTERED AGENT

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P HINCKLEY, LYNDIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4130 FLORAL WOOD CT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	VP CAMERON, KEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4392 MEADOWOOD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	S POTTER, TRACEY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4383 CAROLWOOD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	T DONOFRIO, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	4110 FLORALWOOD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	D DONOVAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	4100 LAKE CONWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE NAME	D CAMERON, KEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4392 MEADOWOOD ST.	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President Lillian, Hall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4448 TIDEWATER DR	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE NAME	VP PEREW, RENEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4058 TERIWOOD AVE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE NAME	S TAMMY DIPPENWORTH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4410 MEADOWOOD ST	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D REED HADLEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4064 Teriwood Ave	
CITY-ST-ZIP	ORLANDO, FL 32812	

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: [Signature] TREASURER DONOFRIO 4/14/03 407-797-3818

CR2E037 (10/02)