FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 15, 1996 08:00 AM
Secretary of State

DOCUMENT # 733235 (6)

1. Corporation Name

LAKE CONWAY EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4344 KANDRA CT. ORLANDO FL 32812	3613 QUANDO DR ORLANOD FL 32812 US

3. Date Incorporated or Qualified: 07/07/1975
3a. Date of Last Report: 07/17/1995

2. Principal Place of Business (21)
2a. Mailing Address (26): PO Box 6222662
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): Orlando FL
Zip (24) Country (25)
Zip (29): 32862-2662 Country (30): USA

4. FEI Number: 59-1610427 ☑ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

POFF, E.B.
4344 KANDRA CT.
ORLANDO FL 32812

10. **Name and Address of New Registered Agent**

81 Name: Denise Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 4112 Playa Ct
83
84 City: Belle Isle FL 85 Zip Code: 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.

SIGNATURE: Denise Thomas — DATE: 1/16/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President - D	☑ Change ☐ Addition
NAME	HEURTIN, RAY		1.2 NAME	Garry Gucwa	
STREET ADDRESS	3701 QUANDO CIRCLE		1.3 STREET ADDRESS	3613 Quando Dr.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Belle Isle FL 32812	
TITLE	TD	☐ DELETE	2.1 TITLE	Treasurer - D	☑ Change ☐ Addition
NAME	ROLLMAN, LEO		2.2 NAME	Denise Thomas	
STREET ADDRESS	5909 COVE DR		2.3 STREET ADDRESS	4112 Playa Ct	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Belle Isle FL 32812	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	HASLEY, GERALDINE	→	3.2 NAME		
STREET ADDRESS	3817 QUANDO DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~		3.4 CITY-ST-ZIP	Belle Isle FL 32812	
TITLE	VD	☐ DELETE	4.1 TITLE	Vice President - D	☑ Change ☐ Addition
NAME	GUCWA, GARY		4.2 NAME	Steve Lambert	
STREET ADDRESS	3613 QUANDO DR.		4.3 STREET ADDRESS	5755 Cove Dr.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Belle Isle FL 32812	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	900001744769	
STREET ADDRESS			5.3 STREET ADDRESS	-03/15/96--01055--034	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61.25	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Denise Thomas — 1/16/96 — 407 859-5580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #