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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **733235** **(6)**

1. Corporation Name

LAKE CONWAY EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5755 COVE DRIVE ORLANO FL 32812 US	PO BOX 622662 ORLANOD FL 32862-2665 US

3. Date Incorporated or Qualified: 07/07/1975

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 5909 Cove Drive	26 5909 COVE DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando, FL	28 ORLANDO FL
24 Zip 32812 / 25 Country USA	29 Zip 32812 / 30 Country USA

9. Name and Address of Current Registered Agent

HASLEY, GERALDINE M.
3817 QUANDO DRIVE
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 _____ DATE
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	PD	☑ Change ☐ Addition
NAME	LAMBERT, STEVE		1.2 NAME	Rollman, Leo	
STREET ADDRESS	5755 COVE DRIVE		1.3 STREET ADDRESS	5909 Cove Drive	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando FL 32812	
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HENDRIX, WILLIAM		2.2 NAME		
STREET ADDRESS	4126 QUANDO DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	HASLEY, GERALDINE		3.2 NAME		
STREET ADDRESS	3817 QUANDO DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE ISLE FL		3.4 CITY-ST-ZIP	Orlando FL 32812	
TITLE		☐ DELETE	4.1 TITLE	VD	☐ Change ☑ Addition
NAME			4.2 NAME	Heurtin, Ray	
STREET ADDRESS			4.3 STREET ADDRESS	3701 Quando Circle	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (10/97)

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.

SIGNATURE: Geraldine M. Hasley 3/20/98 (407)859-3905