FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

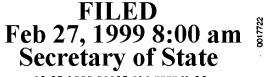
DOCL	Я	MENT	#	733235

1. Corporation Name

LAKE CONWAY EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of But
5909 COVE DR
ORLANO FL 32812
110

Mailing Address



02-27-1999 90037 010 ****61.25

5909 COVE DR ORLANO FL 32 US		5909 COVE DR ORLANOD FL 32812 US				
 1	lace of Business	2a. Mailing Address	2266	<u> </u>	3. Date Incorporated or Qualifed 07/07/1975	
Suite, Apt.	# ata	26 F. D. BOX 6 a	4200		4. FEI Number	Applied For
22 Suite, Apt.	#, etc.	27			59-1610427	Not Applicable
City & State	е	City & State			5. Certificate of Status Desired	\$8.75 Additional
•	ORLANDO	28 ORLANDO	f	- L	5. Certifcate of Status Desired	Fee Required
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be
24	25		0 0	<u>s.</u>	Trust Fund Contribution 10. Name and Address of New Register	Added to Fees
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Register	ou Agent
			Ľ			
	GERALDINE M.		82	Street	Address (P.O. Box Number is Not Acceptable)	
	INDO DRIVE		83			
ORLANDO	FL 32812					· · · · · · · · · · · · · · · · · · ·
			84	City		85 Zip Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was autitions of, Section 617.0503, Florid	nonzed by la Statutes	tne corpo	corporation submits this statement for the purposi- pration's board of directors. I hereby accept the ap-	position as logistics
	Signature, typed or printed name of registered ager			nt signature n	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF FIGURE	Change Addition
TITLE	PD	□ AETE IE	1.2 NAME			
NAME	ROLLMAN, LEO			ADORESS		•
STREET ADDRESS	5909 COVE DR					
CITY-ST-ZIP	ORLANDO FL 32812	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-212		☐ Change ☐ Addition
TITLE	TD NEW YORK TIME	C beceive	2.2 NAME			
NAME	HENDRIX, WILLIAM			radoress		
STREET ADDRESS	4126 QUANDO DRIVE ORLANDO FL 32812		2.4 CITY-5		<i>-</i> . `	
CITY-ST-ZIP TITLE	SD SD	₩ DELETE	3.1 TITLE	11-211	SP	Change Addition
NAME	HASLEY, GERALDINE		3.2 NAME		MARTIN, SARA	1
STREET ADDRESS	3817 QUANDO DR.		1	r address	4226 QUANDO VR	
CITY-ST-ZIP	ORLANDO FL 32812		3.4. CITY-5		ORLANDO, FL 32812	
TITLE	VD	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	HEURTIN, RAY		4. 2 NAME			·
STREET ADDRESS	3701 QUANDO CIRCLE		4.3 STREE	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS	·	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADORESS		
CITY-ST-ZIP			6.4 CITY-S		t in Section 119 07/3///) Florida Statutes I further	

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 changes, or on an attachment with an address, with all other like empowered.