FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90037 010 ****61.25

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DOCUMENT # 733235

1. Corporation Name
LAKE CONWAY EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5909 COVE DR ORLANO FL 32812 US	5909 COVE DR ORLANOD FL 32812 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 622662	3. Date Incorporated or Qualifed 07/07/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1610427 ☐ Applied For ☐ Not Applicable
City & State 23 ORLANDO	City & State 28 ORLANDO FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32812 / 30 U.S.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		☐ Change ☐ Addition
NAME	ROLLMAN, LEO		1.2 NAME		
STREET ADDRESS	5909 COVE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP		
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 32812		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	~~☐~~ Change ☒ Addition
NAME	HASLEY, GERALDINE		3.2 NAME	MARTIN, SARA	
STREET ADDRESS	3817 QUANDO DR.		3.3 STREET ADDRESS	4206 QUANDO DR	
CITY-ST-ZIP	ORLANDO FL 32812		3.4 CITY-ST-ZIP	ORLANDO, FL 32812 ~~FLD~~	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HEURTIN, RAY		4.2 NAME		
STREET ADDRESS	3701 QUANDO CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		4.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: Leo Rollman SIGNATURE REQUIRED 1/26/99 407 851-6823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #