

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733235

1. Entity Name

LAKE CONWAY EAST HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90019 004 \*\*\*\*61.25

0 4 0 0 0 0



DO NOT WRITE IN THIS SPACE

|                                        |                                             |
|----------------------------------------|---------------------------------------------|
| Principal Place of Business            | Mailing Address                             |
| 5909 COVE DR<br>ORLANDO FL 32812<br>US | 5909 COVE DR<br>ORLANDO FL 32812-2822<br>US |

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 59-1610427    | Not Applicable |

|                                  |                         |
|----------------------------------|-------------------------|
| 5. Certificate of Status Desired | Additional Fee Required |
| <input type="checkbox"/>         | \$8.75                  |

|                                                               |
|---------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent               |
| HASLEY, GERALDINE M.<br>3817 QUANDO DRIVE<br>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.

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**  
**Department of State**

| 10. OFFICERS AND DIRECTORS |                                               |
|----------------------------|-----------------------------------------------|
| TITLE                      | PD <input checked="" type="checkbox"/> Delete |
| NAME                       | ROLLMAN, LEO                                  |
| STREET ADDRESS             | 5909 COVE DR                                  |
| CITY-ST-ZIP                | ORLANDO FL 32812                              |
| TITLE                      | TD <input checked="" type="checkbox"/> Delete |
| NAME                       | HENDRIX, WILLIAM                              |
| STREET ADDRESS             | 4126 QUANDO DRIVE                             |
| CITY-ST-ZIP                | ORLANDO FL 32812                              |
| TITLE                      | SD <input checked="" type="checkbox"/> Delete |
| NAME                       | MARTIN, SARA                                  |
| STREET ADDRESS             | 4226 QUANDO DR                                |
| CITY-ST-ZIP                | ORLANDO FL 32812                              |
| TITLE                      | VD <input checked="" type="checkbox"/> Delete |
| NAME                       | HEURTIN, RAY                                  |
| STREET ADDRESS             | 3701 QUANDO CIRCLE                            |
| CITY-ST-ZIP                | ORLANDO FL 32812                              |
| TITLE                      | <input type="checkbox"/> Delete               |
| NAME                       |                                               |
| STREET ADDRESS             |                                               |
| CITY-ST-ZIP                |                                               |
| TITLE                      | <input type="checkbox"/> Delete               |
| NAME                       |                                               |
| STREET ADDRESS             |                                               |
| CITY-ST-ZIP                |                                               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE                                                 | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | JAHNS, WALDEMAR                                                                 |
| STREET ADDRESS                                        | 4120 COVE DR                                                                    |
| CITY-ST-ZIP                                           | ORLANDO FL 32812                                                                |
| TITLE                                                 | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | KAUFMAN, DAVE                                                                   |
| STREET ADDRESS                                        | 4386 QUANDO DR                                                                  |
| CITY-ST-ZIP                                           | ORLANDO, FL 32812                                                               |
| TITLE                                                 | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | MARTIN, SARA                                                                    |
| STREET ADDRESS                                        | 4226 QUANDO DR                                                                  |
| CITY-ST-ZIP                                           | ORLANDO, FL 32812                                                               |
| TITLE                                                 | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | MOORE, MELONEZE                                                                 |
| STREET ADDRESS                                        | 4313 KANDRA CT                                                                  |
| CITY-ST-ZIP                                           | ORLANDO, FL 32812                                                               |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                                                  |                                                                                 |
| STREET ADDRESS                                        |                                                                                 |
| CITY-ST-ZIP                                           |                                                                                 |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                                                  |                                                                                 |
| STREET ADDRESS                                        |                                                                                 |
| CITY-ST-ZIP                                           |                                                                                 |

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: Waldemar W. Jahns WALDEMAR W. JAHNS 3/10/00 407/857/4873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)