

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733235

1. Entity Name

LAKE CONWAY EAST HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90056 019 ****61.25

715631



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5909 COVE DR
ORLANDO FL 32812
US

Mailing Address

5909 COVE DR
ORLANDO FL 32812
US

2. Principal Place of Business

3. Mailing Address 622662
P.O. BOX 622662

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO FL

4. FEI Number 59-1610427

Applied For
Not Applicable

Zip

Country

Zip 32862

Country U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASLEY, GERALDINE M.
3817 QUANDO DRIVE
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
NAME ROLLMAN, LEO ☐ Delete
STREET ADDRESS 5909 COVE DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE TD
NAME HENDRIX, WILLIAM ☒ Delete
STREET ADDRESS 4126 QUANDO DRIVE
CITY-ST-ZIP ORLANDO FL 32812

TITLE SD
NAME MARTIN, SARA ☐ Delete
STREET ADDRESS 4226 QUANDO DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE VD
NAME HEURTIN, RAY ☒ Delete
STREET ADDRESS 3701 QUANDO CIRCLE
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME MARTIN, SARA
STREET ADDRESS 4226 QUANDO DR
CITY-ST-ZIP ORLANDO, FL 32812

TITLE VD ☐ Change ☒ Addition
NAME GUCWA, GARRY
STREET ADDRESS 3613 QUANDO DR
CITY-ST-ZIP ORLANDO, FL 32812

TITLE SD ☐ Change ☒ Addition
NAME FRENCH, ALICE
STREET ADDRESS 3814 QUANDO DR
CITY-ST-ZIP ORLANDO, FL 32812

TITLE ☐ Change ☐ 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: *Leo Rollman* SIGNATURE REQUIRED ROLLMAN

Date 2/8/01

Daytime Phone # 407 851-6823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)