

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90025 017 ****61.25

DOCUMENT # 733235 1. Entity Name LAKE CONWAY EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5909 COVE DR ORLANDO, FL 32812 US			Mailing Address P O BOX 622662 ORLANDO, FL 32862 US		
2. Principal Place of Business 5918 Cove Dr Suite, Apt. #, etc. Orlando FL City & State		3. Mailing Address PO Box 622662 Suite, Apt. #, etc. Orlando FL City & State			
Zip 32812 Country Orange		Zip 32812 Country Orange		4. FEI Number 59-1610427	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BARTOS, BRETT A 3600 QUANDO DRIVE ORLANDO, FL 32812 <i>Delete.</i>			7. Name and Address of New Registered Agent Name Barbara Ball Street Address (P.O. Box Number is Not Acceptable) 4233 Kandra Ct City Orlando FL Zip Code 32812		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Barbara Ball</i> BARBARA BALL 2/19/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete	
	PD	BARTOS, BRETT	3600 QUANDA DR	ORLANDO, FL 32812	
	SD	MOORE, MELONEZE	4313 KANDRA COURT	ORLANDO, FL 32812	☒ Delete
	VD	ZAFAR, OMAR	3910 ARAJO COURT	ORLANDO, FL 32812	☐ Delete
	TD	BALL, BARBARA	4233 KANDRA COURT	ORLANDO, FL 32812	☐ Delete
	President	Sarah Goodwin	4324 Kandra Ct	Orlando FL 32812	☐ Delete
	Secretary	Leo Rollman	5909 Cove Dr.	Orlando FL 32812	☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Barbara Ball</i> BARBARA BALL 2/19/05 407-582-1191 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					