2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90059 013 ****70.00

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

Principal Place of Business	Mailing Address
5918 COVE DR ORLANO, FL 32812 US	P O BOX 622662 ORLANDO, FL 32862 US

01262008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALL, BARBARA 4233 KANDRA CT ORLANDO, FL 32812	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KAUFMAN, DAVE 4356 QUANDO DR ORLANDO, FL 32812	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wayne DARDEN VPD 4123 QUANDO DRIVE ORLANDO, FL 32812	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOODWIN, SARAH 4324 KANDRA CT ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SARAH Goodwin P 4324 KANDRA Ct. ORLANDO, FL 32812	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BALL, BARBARA 4233 KANDRA COURT ORLANDO, FL 32812	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paul Poeter TD 4115 ARAJO Ct. ORLANDO, FL 32812	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, MELONEZE 4313 KANDRA CT ORLANDO, FL 32812	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kathie HAYES SD 4325 QUANDO DRIVE ORLANDO, FL 32812	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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: Sarah Goodwin, President 1-28-2008 407-855-5143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #