

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**C CORPORATION**  
**ANNUAL REPORT**  
**1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 AND  
 FILED

95 APR 28 PM 6:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 753742 (6)**  
 1. Corporation Name  
**CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**6610 ORANGE KNOLL DRIVE ORLANDO FL 32812**  
**6610 ORANGE KNOLL DRIVE ORLANDO FL 32812**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified **08/12/1980** 3a. Date of Last Report **03/10/1994**  
 4. FEI Number **59-3005304** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CLARK SILVERS**  
**6610 ORANGE KNOLL 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLARK SILVERS</b> <b>6610 ORANGE KNOLL DRIVE</b> <b>ORLANDO, FL 00000 32812</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>KERSHNER, ROB</b> <b>6438 CONWAY LAKES DR</b> <b>ORLANDO, FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KERSHNER, ROB</b> <b>6638 CONWAY LAKES DR</b> <b>ORLANDO, FL 00000 32812</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V</b> <b>DAN MAROZZI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GEORGE KACHMARK,</b> <b>8528 ST PARTIN PLACE</b> <b>ORLANDO, FL 00000 32812</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S</b> <b>CLARK SILVERS</b> <b>6610 ORANGE KNOLL DR</b> <b>ORLANDO FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LENORA GOBERT,</b> <b>8632 ST PARTIN PLACE</b> <b>ORLANDO, FL 00000 32812</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIKE FORMAN</b> <b>8538 ST. PARTIN PLACE</b> <b>ORLANDO FL 32812</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>LINDA WICKISER</b> <b>3610 COUNTRY LAKES DR</b> <b>ORLANDO FL 32812</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LYNETTE STEEN,</b> <b>8544 ST. PARTIN PL</b> <b>ORLANDO FL 32812</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>PAULA VARNELL</b> <b>3504 COUNTRY LAKES DR</b> <b>ORLANDO, 32812</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: CLARK SILVERS *Clark Silvers* 4-21-95 (407)-432-4114  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #