

FILE NOW: FILING FEE IS \$61.25

61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 08/12/1980
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3005304	<input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	24	25
29	30		

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
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P KERSHNER, ROB	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6638 CONWAY LAKES DR	1.2 NAME
STREET ADDRESS	ORLANDO, FL 00000	1.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
TITLE	V MAROZZI, DAN	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6638 CONWAY LAKES DR	2.2 NAME
STREET ADDRESS	ORLANDO, FL 00000	2.3 STREET ADDRESS
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE	S SILVERS, CLARK	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6610 ORANGE KNOLL DR	3.2 NAME
STREET ADDRESS	ORLANDO, FL 00000	3.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE	T LENORA GOBERT,	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6632 ST PARTIN PLACE	4.2 NAME
STREET ADDRESS	ORLANDO, FL 00000 32812	4.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE	D MIKE FORMAN	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6536 ST. PARTIN PLACE	5.2 NAME
STREET ADDRESS	ORLANDO FL 32812	5.3 STREET ADDRESS
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE	D LYNETTE STEEN,	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6544 ST. PARTIN PL	6.2 NAME
STREET ADDRESS	ORLANDO FL 32812	6.3 STREET ADDRESS
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

Worwood
NORBERT GAY III
6630 CONWAY LKS DR, ORL
ORLANDO, FL. 32812

D
PAULA VARNELL
3564 COUNTRY LAKES DR
ORLANDO, FL. 32812

D
BARBARA GUN
6622 CONWAY LAKES DR
ORLANDO 32812

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 119.07(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-P-86
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)