

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 24 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753742 (6)**

1. Corporation Name  
**CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business <b>6610 ORANGE KNOLL DRIVE ORLANDO FL 32812</b>	Mailing Address <b>6610 ORANGE KNOLL DRIVE ORLANDO FL 32812-3520</b>
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3. Date Incorporated or Qualified <b>08/12/1980</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>59-3005304</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

**FL**

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 <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KERSHNER, ROB</b>		1.2 NAME <b>HIGHTOWER, DENNIS</b>	
STREET ADDRESS <b>6638 CONWAY LAKES DR</b>		1.3 STREET ADDRESS <b>3625 Waters Edge Drive</b>	
CITY-ST-ZIP <b>ORLANDO, FL 00000</b>		1.4 CITY-ST-ZIP <b>Orlando, FL</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NORWOOD, GAY III</b>		2.2 NAME <b>LASKO, FRANK</b>	
STREET ADDRESS <b>6630 CONWAY LAKES, DR</b>		2.3 STREET ADDRESS <b>3617 Waters Edge Drive</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP <b>Orlando, FL</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SILVERS, CLARK</b>		3.2 NAME <b>VARNELL, PAULA</b>	
STREET ADDRESS <b>6610 ORANGE KNOLL DR</b>		3.3 STREET ADDRESS <b>3564 Country Lakes Drive</b>	
CITY-ST-ZIP <b>ORLANDO, FL 00000</b>		3.4 CITY-ST-ZIP <b>Orlando, FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LENORA GOBERT,</b>		4.2 NAME <b>GOBERT, LENORA</b>	
STREET ADDRESS <b>6632 ST PARTIN PLACE</b>		4.3 STREET ADDRESS <b>6632 St. Partin Place</b>	
CITY-ST-ZIP <b>ORLANDO, FL 00000 32812</b>		4.4 CITY-ST-ZIP <b>Orlando, FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VARNELL, PAULA</b>		5.2 NAME <b>OLSEN, DAVID</b>	
STREET ADDRESS <b>3564 COUNTRY LAKES DR</b>		5.3 STREET ADDRESS <b>3602 Country Lakes Drive</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		5.4 CITY-ST-ZIP <b>Orlando, FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COUN, BARBARA</b>		6.2 NAME <b>SILVERS, CLARK</b>	
STREET ADDRESS <b>6622 CONWAY LAKES DR</b>		6.3 STREET ADDRESS <b>6610 Orange Knoll Drive</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		6.4 CITY-ST-ZIP <b>Orlando, FL</b>	

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14. I do 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 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 *Dennis J. Hightower* **Dennis J. Hightower** 2/25/97 407/649-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0017225

CR2E037 (9/96)