

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6610 ORANGE KNOLL DRIVE ORLANDO FL 32812	Mailing Address 6610 ORANGE KNOLL DRIVE ORLANDO FL 32812
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3. Date Incorporated or Qualified 08/12/1980	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-3005304	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6632 St. Partin Pl. Suite, Apt. #, etc.	2a. Mailing Address 26 6632 St. Partin Pl. Suite, Apt. #, etc.
22 City & State 23 Orlando, FL.	27 City & State 28 Orlando, FL.
24 Zip 32812	25 Country USA
29 Zip 32812	30 Country USA

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 Lenora Gobert
82 Street Address (P.O. Box Number is Not Acceptable) 6632 St. Partin Pl.
83
84 City Orlando
85 Zip Code FL 32812

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 *Lenora Gobert* DATE **4-13-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIGHTOWER, DENNIS		1.2 NAME	
STREET ADDRESS 3625 WATERS EDGE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LASKO, FRANK		2.2 NAME	
STREET ADDRESS 3617 WATERS EDGE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARNELL, PAULA		3.2 NAME	
STREET ADDRESS 3564 COUNTRY LAKES DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOBERT, LENORA		4.2 NAME	
STREET ADDRESS 6632 ST PARTIN PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLSEN, DAVID		5.2 NAME	
STREET ADDRESS 3602 COUNTRY LAKES DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVERS, CLARK		6.2 NAME	
STREET ADDRESS 6610 ORANGE KNOLL DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S LINDA SHAFFER
3.3 STREET ADDRESS	6609 ST PARTIN PL. ORLANDO, FL
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Coon, Barbara
6.3 STREET ADDRESS	6622 Conway Lakes Dr
6.4 CITY-ST-ZIP	Orlando FL

14. 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 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: *Lenora Gobert* DATE **4-13-98** DAYTIME PHONE # **407-851-5092**

(NOTE: Signature and typed or printed name of signing officer or director)

CR2E037 (10/97)