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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753742

1. Corporation Name
CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business
6632 ST. PARTIN PL
ORLANDO FL 32812
US

Mailing Address
6632 ST. PARTIN PL
ORLANDO FL 32812
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/12/1980	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3005304	
Country		Country		Applied For	
25		29		Not Applicable	
28		30		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOBERT, LENORA 6632 ST. PARTIN PL ORLANDO FL 32812				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HIGHTOWER, DENNIS 3625 WATERS EDGE DRIVE ORLANDO FL	1.1 TITLE	P Kershner Robert 6638 Conway Lakes Drive Orlando Fl 32812
NAME	LASKO, FRANK 3617 WATERS EDGE DRIVE ORLANDO FL	1.2 NAME	LVnn Ron 6633 St. Partin PL Orlando Fl 32812
STREET ADDRESS	SHAFER, LINDA 6609 ST. PARTIN PL ORLANDO FL	1.3 STREET ADDRESS	S McKinney Patricia 6616 St. Partin PL Orlando Fl 32812
CITY-ST-ZIP	GOBERT, LENORA 6632 ST PARTIN PLACE ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D OLSEN, DAVID 3802 COUNTRY LAKES DRIVE ORLANDO FL	2.1 TITLE	
NAME	COON, BARBARA 6622 CONWAY LAKES DR ORLANDO FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D SILVERS Eileen 6610 Orange Knoll Dr Orlando Fl 32812
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Lenora Gobert* REQUIRED 4-18-99 407-851-5092

CR2E037 (1/198)