

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753742

1. Entity Name

CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90093 026 \*\*\*\*61.25

Principal Place of Business 6632 ST. PARTIN PL ORLANDO FL 32812 US	Mailing Address 6632 ST. PARTIN PL ORLANDO FL 32812-3511 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3005304</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GOBERT, LENORA**  
**6632 ST. PARTIN PL**  
**ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KERSHNER, ROBERT</b> <b>6638 CONWAY LAKES DR</b> <b>ORLANDO FL 32812</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LVNN, RON</b> <b>6633 ST PARTIN PL</b> <b>ORLANDO FL 32812</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCKINNEY, PATRICIA</b> <b>6616 ST PARTIN PL</b> <b>ORLANDO FL 32812</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GOBERT, LENORA</b> <b>6632 ST PARTIN PLACE</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SILVERS, EILEEN</b> <b>6610 ORANGE KNOLL DR</b> <b>ORLANDO FL 32812</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COON, BARBARA</b> <b>6622 CONWAY LAKES DR</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LVNN, Connie</b> <b>6633 St. Partin PL.</b> <b>Orlando FL 32812</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Shaffer, Linda</b> <b>6609 St. Partin PL.</b> <b>Orlando FL 32812</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COON, Barbara</b> <b>6622 CONWAY LAKES DR.</b> <b>Orlando FL 32812</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lenora Gobert*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Lenora Gobert**  
 Date: *April 24, 2000* Daytime Phone #: *407-851-5092*

CR2E037 (9/99)