

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91104 032 ****61.25

DOCUMENT # 753742

1. Entity Name

CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

6632 ST. PARTIN PL
 ORLANDO FL 32812
 US

6632 ST. PARTIN PL
 ORLANDO FL 32812
 US

340100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3005304

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOBERT, LENORA
6632 ST. PARTIN PL
ORLANDO FL 32812

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 _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P KERSHNER, ROBERT**
 STREET ADDRESS **6638 CONWAY LAKES DR**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LYNN, CONNIE**
 STREET ADDRESS **6633 ST PARTIN PL**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S SHAFER, LINDA**
 STREET ADDRESS **6609 ST. PARTIN PL**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T GOBERT, LENORA**
 STREET ADDRESS **6632 ST PARTIN PLACE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SILVERS, EILEEN**
 STREET ADDRESS **6610 ORANGE KNOLL DR**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME **D Arwoody, William**
 STREET ADDRESS **3634 Country Lakes Dr**
 CITY-ST-ZIP **Orlando FL 32812**

TITLE Delete
 NAME **V COON, BARBARA**
 STREET ADDRESS **6622 CONWAY LAKES DR**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME **D Pomenoy, Dennis**
 STREET ADDRESS **6536 St. Partin Pl.**
 CITY-ST-ZIP **Orlando FL 32812**

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* *Lenora Gobert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 *407-851-5092*

Date

Daytime Phone #

CR2E037 (10/00)