

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90497 043 ****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

2. Principal Place of Business

6633 ST. PARTIN PL

3. Mailing Address

6633 ST. PARTIN PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32812

Country

US

Zip

32812

Country

US

5. Certificate of Status Desired

\$8.75 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 **RONALD LYNN**
 Street Address (P.O. Box Number is Not Acceptable)
6633 ST. PARTIN PL
 City **ORLANDO** FL Zip Code **32812**

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 *Lenora J. Gobert*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-02

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KERSHNER, ROBERT	
STREET ADDRESS	6638 CONWAY LAKES DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LYNN, CONNIE	
STREET ADDRESS	6633 ST PARTIN PL	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHAFFER, LINDA	
STREET ADDRESS	6609 ST. PARTIN PL	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOBERT, LENORA	
STREET ADDRESS	6632 ST PARTIN PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARWOOD, WILLIAM	
STREET ADDRESS	3634 COUNTRY LAKES DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMEROY, DENNIS	
STREET ADDRESS	6536 ST MARTIN PL	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUGAN, ROBERT	
STREET ADDRESS	6624 ST. PARTIN PL	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD LYNN, RONALD	
STREET ADDRESS	6633 ST. PARTIN PL	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ronald Lynn* **RONALD LYNN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

DATE

407 356 5667

DAYTIME PHONE #

CR2E037 (9/01)