

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 08, 2009
Secretary of State**

DOCUMENT# 753742

Entity Name: CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6633 ST. PARTIN PL
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

6633 ST. PARTIN PL
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 94-1687665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, RONALD
6633 ST. PARTIN PL
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WICKISER, WILLIAM
Address: 3610 COUNTRY LAKES DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: DUGAN, ROBERT
Address: 6624 ST. PARTIN PL
City-St-Zip: ORLANDO, FL 32812

Title: S () Delete
Name: SHAFFER, LINDA
Address: 6609 ST. PARTIN PL
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: LYNN, RONALD
Address: 6633 ST. PARTIN PL
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: ALDINGER, GLENN
Address: 3601 WATERS EDGE DR.
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: POMEROY, DENNIS
Address: 6536 ST MARTIN PL
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD LYNN

Electronic Signature of Signing Officer or Director

TREA

02/08/2009

Date