

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753742

FILED
Feb 22, 2012
Secretary of State

Entity Name: CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3601 WATERS EDGE DR
BELLE ISLE, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

3601 WATERS EDGE DR
BELLE ISLE, FL 32812 US

New Mailing Address:

FEI Number: 95-3005304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDINGER, GLENN
3601 WATERS EDGE DR.
BELLE ISLE, 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
Name: POMEROY, DENNIS
Address: 6536 SAINT PARTIN PLACE
City-St-Zip: BELLE ISLE, FL 32812

Title: D
Name: MARTIN, BETSY
Address: 6606 CONWAY LAKES DRIVE
City-St-Zip: BELLE ISLE, FL 32812

Title: D
Name: SHAFFER, LINDA
Address: 6609 ST. PARTIN PL
City-St-Zip: BELLE ISLE, FL 32812

Title: S
Name: LYNN, RONALD
Address: 6633 ST. PARTIN PL
City-St-Zip: BELLE ISLE, FL 32812

Title: T
Name: ALDINGER, GLENN
Address: 3601 WATERS EDGE DR.
City-St-Zip: BELLE ISLE, FL 32812

Title: VP
Name: SEVICK, MARIE
Address: 6618 ORANGE KNOLL DRIVE
City-St-Zip: BELLE ISLE, FL 32812

I hereby 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 all other like empowered.

SIGNATURE: GLENN E. ALDINGER

T

02/22/2012

Electronic Signature of Signing Officer or Director

Date