2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753742

1. Entity Name

CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC



FILED
May 05, 2003 8:00 am §
Secretary of State

05-05-2003 90171 036 ****61.25

						The state of the s	EST					
Principal Place of Business 6633 ST. PARTIN PL ORLANDO FL 32612 US				Mailing Address 6633 ST. PARTIN PL QRLANDO FL 32812 US				1 140 HIL SERRE DI	. 80 11.111.1 1 8 1 11 18 1818 1181 1181	NANI RIBII BIBII BIB	N/ 41811 1781	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & Stat	te	_, _	City & State					4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip Country			Zip Cour			ıntry	Fee Fee			\$8.75 Add Fee Require		
. 6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
LYNN, RONALD						Name Street Address (P.O. Box Number is Not Acceptable)						
6632 ST. PARTIN PL ORLANDO FL 32812												
						City			F	Zip Cod	e	
		submits this statement fo	r the purp	pose of changing its	registere	ed office or re	egistere	ed agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
the obligations of registered agent.												
SIGNATURE .		or printed name of registered agent	and title if ap	oplicable. (NOTI	E; Registere	d Agent signature	e required	when reinstating)	DAT			
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contri								\$5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable artment of S		
10. OFFICERS AND DIRI				CTORS 11.			A	DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	P	· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE	E		<u>-</u>		☐ Change	Addition	
NAME	KERSHNEF	•			NAM	E						
STREET ADDRESS		WAY LAKES DR				ET ADDRESS						
CITY-ST-ZIP	ORLANDO	FL 32812			CITY	-ST-ZIP						
TITLE	IDUGAN, R	ADEDT		☐ Delete	TITLE	1				☐ Change	Addition	
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NAME	SHAFFER,	LINDA		C Delete	NAM							
STREET ADDRESS	6609 ST. P	artin Pl			STRE	ET ADDRESS						
CITY-ST-ZIP	ORLANDO	FL 32812			CITY	-ST-ZIP						
TITLE	T		_	☐ Delete	TITLE	- T				☐ Change	Addition	
NAME	LYNN, ROI				NAM	ſ					,	
	6633 ST. P					ET ADDRESS						
CITY-ST-ZIP	ORLANDO	FL 32812			-	-ST-ZIP						
TITLE NAME	D ABWOOD	WILLIAM		Delete	TITLE	-		NN WEDIN		Change	₩ ddition	
STREET ADDRESS					ET ADDRESS	360	ON WATERS	EDGE DR.				
CITY-ST-ZIP	ORLANDO					-ST-ZIP		LANDO FL				
	De-			□ Delete	TITLE			<u></u>		Change	Addition	
NAME	POMEROY,	DENNIS		- Deligite	NAM					5,,,,,,,,,,		
STREET ADDRESS	6536 ST M				STRE	ET ADDRESS					(
CITY-ST-ZIP	ORLANDO	FL 32812			ÇITY	-ST-ZIP						
12. I hereby o	certify that the	information supplied with	this filing	does not qualify for	the exe	motion stated	d in Sec	ction 119 07(3)(i) Ele	rida Statutes I further i	ertify that the in	nformation	

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:

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5/4/03

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