

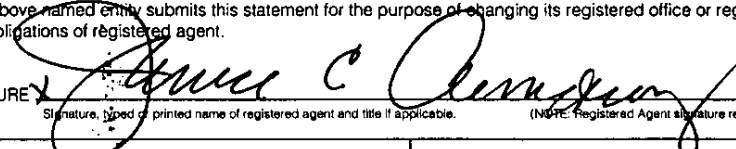
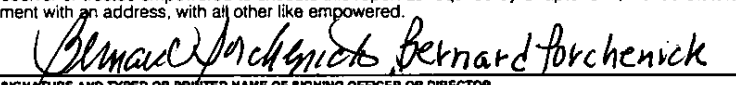


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90030 041 ****61.25

DOCUMENT # N00000003496 1. Entity Name THE HIGHLANDS AT LAKE CONWAY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 120 E COLONIAL DR ORLANDO, FL 32801				Mailing Address 120 E COLONIAL DR ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # Greystone Management		3. Mailing Address 1936 Lee Rd		 04152008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. 1936 Lee Rd Suite 250		Suite, Apt. #, etc. Suite 250			
City & State Winter Park FL		City & State Winter Park			
Zip 32789		Zip 32789			
Country USA		Country USA		4. FEI Number 59-3677689	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MITCHELL, CHARLES J JR 120 EAST COLONIAL DRIVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Janice C Armstrong Street Address (P.O. Box Number is Not Acceptable) Greystone Management 1936 Lee Rd Suite 250 City Winter Park FL Zip Code 32789		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PORCHENICK, BERNARD 1715 CONWAY ISLE CIR ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan Drake 1425 Conway Isle Circle ORLANDO FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete DEESE, ALLEN 1545 CONWAY ISLE CIR ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete FORD, JIM 1533 CONWAY ISLE CIR ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STERLING, JOE 1629 CONWAY ISLE CIR ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <input type="checkbox"/> Delete CALVERT, JAY 1407 CONWAY ISLE CIR ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/18/08 Daytime Phone # 407 810-2376					