

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-14-2003 90049 034 ****70.00

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

1/1

DOCUMENT # N02000002952

1. Entity Name

CONWAY GARDEN CLUB, INC.



Principal Place of Business

**529 HARDWOOD CIR
ORLANDO FL 32828**

Mailing Address

**529 HARDWOOD CIR
ORLANDO FL 32828**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6170243**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAVELY, RUTH M
529 HARDWOOD CIR
ORLANDO FL 32828**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ruth M. Lavelly **RUTH M. LAVELY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> Delete
NAME	LAVELY, RUTH M	
STREET ADDRESS	529 HARDWOOD CIR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	V D	<input type="checkbox"/> Delete
NAME	GOLDBERG, IRWYN	
STREET ADDRESS	4319 HURD AVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	V D	<input type="checkbox"/> Delete
NAME	LAURENS, JUNE	
STREET ADDRESS	13524 CRYSTAL RIVER DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S D	<input type="checkbox"/> Delete
NAME	KROENKE, ELLEN	
STREET ADDRESS	1233 N PINE HILLS	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T D Mamie W	<input type="checkbox"/> Delete
NAME	DENISON, WOODIE	
STREET ADDRESS	1352 WALD RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOYLAND, MARY L	
STREET ADDRESS	4519 SHELDRAKE RD	
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	<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	
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 info empowered.

SIGNATURE

Mamie W. Denison **MAMIE W. DENISON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 7 - 03

Daytime Phone

407 855 8686
855 8686

CR2037 (10/02)