

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90012 022 \*\*\*\*61.25

**DOCUMENT # N33067**

1. Entity Name

**CONWAY LANDINGS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 590083  
 ORLANDO FL 32859-7083

POST OFFICE BOX 590083  
 ORLANDO FL 32859-7083

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

**59-2964758**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**NORTH, ROGER D**  
**5118 CODDINGTON ST**  
**ORLANDO FL 32812**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                    |                                                                        |                                            |
|----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>HERMAN, MOSQUEZA<br>5160 CODDINGTON ST<br>ORLANDO FL 32812      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>BADANO, NORBERTO<br>4581 CONWAY LANDINGS DR.<br>ORLANDO FL       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BRAHMER, STACEY<br>4527 CONWAY LANDINGS DRIVE<br>ORLANDO FL 32812 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DST<br>NORTH, ROGER D<br>5118 CODDINGTON ST<br>ORLANDO FL              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>CONNATSER, SCOTT<br>4538 CONWAY LANDINGS DR<br>ORLANDO FL 32812   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                        | <input type="checkbox"/> Delete            |

|                                                    |                                                                      |                                                                              |
|----------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>Danielsen, Mary<br>5199 Coddington St.<br>Orlando, FL 32812     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>DiCrisci, John<br>4598 Conway Landings Dr.<br>Orlando, FL 32812 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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: *Roger D North* **ROGER D NORTH**

*Mar 30, 02* (407) 384-5198

CR2E037 (9/01)