2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

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

04072004 No Chg-NP CR2E037 (10/03)

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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

NORTH, ROGER D
5118 CODDINGTON ST
ORLANDO, FL 32812

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000107376
04/09/04-80013-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, LARRY
STREET ADDRESS	5189 CODDINGTON ST.
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	DVP
NAME	RELIGIOSO, JOSEPH
STREET ADDRESS	5157 CODDINGTON ST.
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	DP
NAME	DANIELSEN, MARY
STREET ADDRESS	5189 CODDINGTON ST
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	DST
NAME	NORTH, ROGER D
STREET ADDRESS	5118 CODDINGTON ST
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	DICRISCI, JOHN
STREET ADDRESS	4598 CONWAY LANDINGS DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4/7/04 (407)384-5198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #