

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90041 044 ****61.25

DOCUMENT # N33067 1. Entity Name CONWAY LANDINGS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 590083 ORLANDO, FL 32859-0083			Mailing Address POST OFFICE BOX 590083 ORLANDO, FL 32859-0083		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40060681 	
City & State		City & State		03122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2964758	
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				7. Name and Address of New Registered Agent Name Gina R McFerran Street Address (P.O. Box Number is Not Acceptable) 5107 Coddington ST City ORLANDO FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  3-26-08 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. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSQUERA, HERNON 5160 CODDINGTON STREET ORLANDO, FL 32812	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RELIGIOSO, JOSEPH 5155 CODDINGTON ST. ORLANDO, FL 32812	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUGEROUSSE, CHERYL 5166 CODDINGTON STREET ORLANDO, FL 32812	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NORTH, ROGER D 5118 CODDINGTON ST ORLANDO, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DICRISCI, JOHN 4598 CONWAY LANDINGS DR ORLANDO, FL 32812	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TIM BIERKE 4514 CLARKDALE CT ORLANDO, FL 32812	☒ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Gina R McFerran 5107 Coddington ST ORLANDO, FL 32812	☒ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ 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:  3-26-08 907-281-5502 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					