2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N33067

Entity Name: CONWAY LANDINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 590083
ORLANDO, FL 328590083

New Principal Place of Business:

5107 CODDINGTON STREET
ORLANDO, FL 32812

Current Mailing Address:

POST OFFICE BOX 590083
ORLANDO, FL 328590083

New Mailing Address:

FEI Number: 59-2964758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCFERREN, GINA R
5107 CODDINGTON ST
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MOSQUERA, HERNON
Address: 5160 CODDINGTON STREET
City-St-Zip: ORLANDO, FL 32812

Title: DVP ( ) Delete
Name: JERKE, TIM B
Address: 4514 CLARKSDALE CT
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: FOUGEROUSSE, CHERYL
Address: 5166 CODDINGTON STREET
City-St-Zip: ORLANDO, FL 32812

Title: DST ( ) Delete
Name: MCFERREN, GINA R
Address: 5107 CODDINGTON ST
City-St-Zip: ORLANDO, FL 32812

Title: DP ( ) Delete
Name: DICRISCI, JOHN
Address: 4598 CONWAY LANDINGS DR
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ORTIZ, DONNA
Address: 5131 CODDINGTON STREET
City-St-Zip: ORLANDO, FL 32812

Title: DP (X) Change ( ) Addition
Name: MINEAR, MIKE
Address: 4574 CONWAY LANDINGS DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change ( ) Addition
Name: MACHADO, GRACE
Address: 5125 CODDINGTON STREET
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: CORTEZ, LYDIA
Address: 4557 CONWAY LANDINGS DR
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA R. MCFERREN DST 03/22/2009
Electronic Signature of Signing Officer or Director — Date