

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90169 046 \*\*\*\*61.25

**DOCUMENT # N93000003680**

1. Corporation Name

**THOMAS-CONYBEAR SUBDIVISION HOMEOWNER'S ASSOCIAT  
ION, INC.**

Principal Place of Business

350 E HWY 50  
CLERMONT FL 34711  
US

Mailing Address

POST OFFICE BOX 907  
YOUNG HARRIS GA 30582  
US



2. Principal Place of Business

21 **400 Whitewing Circle**

2a. Mailing Address

26 **606 Timberlane Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **Clermont FL**

City & State

28 **Lake Mary FL**

Zip

Country

24 **34711-9239** 25 **Lake**

Zip

Country

29 **32746** 30 **Seminole**

3. Date Incorporated or Qualified

**08/13/1993**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**PURYEAR, CLYDE T**  
**350 E HWY 50**  
**CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CONYBEAR, CLAUDI T**  
STREET ADDRESS **340 ROCK HAPPY DR**  
CITY-ST-ZIP **YOUNG HARRIS GA**

TITLE **D** ☐ DELETE

NAME **CONYBEAR, WILLIAM R.**  
STREET ADDRESS **340 ROCK HAPPY DR**  
CITY-ST-ZIP **YOUNG HARRIS GA**

TITLE **D** ☐ DELETE

NAME **PURYEAR, CLYDE T**  
STREET ADDRESS **350 E HWY 50**  
CITY-ST-ZIP **CLERMONT FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**606 Timberlane Dr**  
**Lake Mary FL 32746**

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**606 Timberlane Dr**  
**Lake Mary FL 32746**

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**400 Whitewing Circle**  
**Clermont FL 34711-9239**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-99**

Date

**706-379-2270**

Daytime Phone #

CR2E037 (11/98)

0081661