


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N95000001361</b>		
1. Entity Name <b>CONWAY POINTE HOMEOWNERS' ASSOCIATION, INC.</b>		
Principal Place of Business <b>5412 CONWAY PTE. CT. ORLANDO, FL 32812-5391 US</b>		Mailing Address <b>4326 TOMLINSON CIR ORLANDO, FL 32829-1639 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ABRAMS, LEHN PO BOX 2967 801 N. MAGNOLIA AVE. STE 201 ORLANDO, FL 32803-1550</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERS, MICHAEL 5436 CONWAY POINTE CT ORLANDO, FL 32812	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUFFY, MICHAEL 2527 ROBERTS BLVD ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZZACCO, CAROL 5424 CONWAY POINTE CT ORLANDO, FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONALDSON, DEBORAH E 4326 TOMLINSON CIR. ORLANDO, FL 328298639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Deborah E Donaldson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/06/06</u> <u>(407) 377-7434</u> <small>Date Daytime Phone #</small>



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3345157</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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01/11/06-80007-011 70.00