

FILED
Jan 25, 2007 8:00 am
Secretary of State

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<div>1. Entity Name</div> <div>CONWAY POINTE HOMEOWNERS' ASSOCIATION, INC.</div>		<div>01-25-2007 90036 015 ****70.00</div>	
<div>Principal Place of Business</div> <div>5412 CONWAY PTE. CT.</div> <div>ORLANDO, FL 32812-5391 US</div>		<div>Mailing Address</div> <div>4326 TOMLINSON CIR</div> <div>ORLANDO, FL 32829-1639 US</div>	
<div>2. Principal Place of Business - No P.O. Box #</div>		<div>3. Mailing Address</div>	
<div>Suite, Apt. #, etc.</div>		<div>Suite, Apt. #, etc.</div>	
<div>City & State</div>		<div>City & State</div>	
<div>Zip</div>	<div>Country</div>	<div>Zip</div>	<div>Country</div>
<div>4. FEI Number</div> <div>59-3345157</div>		<div>Applied For</div> <div>Not Applicable</div>	
<div>5. Certificate of Status Desired</div> <div><input type="checkbox"/></div>		<div>\$8.75 Additional Fee Required</div>	
<div>6. Name and Address of Current Registered Agent</div> <div>ABRAMS, LEHN</div> <div>PO BOX 2967</div> <div>801 N. MAGNOLIA AVE, STE 201</div> <div>ORLANDO, FL 32803-1550</div>		<div>7. Name and Address of New Registered Agent</div> <div>Name</div> <div>Street Address (P.O. Box Number is Not Acceptable)</div> <div>City</div> <div>FL</div> <div>Zip Code</div>	
<div>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.</div>			
<div>SIGNATURE</div> <div>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div>			
<div>Filing Fee Is \$61.25</div> <div>Due by May 1, 2007</div>		<div>9. Election Campaign Financing</div> <div>Trust Fund Contribution. <input type="checkbox"/></div> <div>\$5.00</div> <div>Make check payable to Florida Department of State</div>	
<div>10. OFFICERS AND DIRECTORS</div>		<div>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</div>	
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div>PD</div> <div>WATERS, MICHAEL</div> <div>5436 CONWAY POINTE CT</div> <div>ORLANDO, FL 32812</div> <div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div>VD</div> <div>DUFFY, MICHAEL</div> <div>2527 ROBERTS BLVD</div> <div>ORLANDO, FL 32812</div> <div><input checked="" type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input checked="" type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div>STD</div> <div>MAZZACCO, CAROL</div> <div>5424 CONWAY POINTE CT</div> <div>ORLANDO, FL 32812</div> <div><input checked="" type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input checked="" type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div>T</div> <div>DONALDSON, DEBORAH E</div> <div>4326 TOMLINSON CIR.</div> <div>ORLANDO, FL 328298639</div> <div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div>	<div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div>
<div>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.</div>			
<div>SIGNATURE:</div> <div>Deborah E Donaldson</div> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>		<div>1/22/07</div> <div>Date</div> <div>Daytime Phone #</div>	