

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90034 038 ****70.00

DOCUMENT # N95000001361

1. Entity Name
CONWAY POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**5412 CONWAY PTE. CT.
ORLANDO, FL 32812-5391 US**

Mailing Address
**4326 TOMLINSON CIR
ORLANDO, FL 32829-1639 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3345157

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABRAMS, LEHN
PO BOX 2967
801 N. MAGNOLIA AVE. STE 201
ORLANDO, FL 32803-1550**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WATERS, MICHAEL
5436 CONWAY POINTE CT
ORLANDO, FL 32812** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Bonilla, Carlos
5400 Conway PT. CT.
Orlando, FL 32812** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BONILLA, CARLOS
5400 CONWAY POINTE CT.
ORLANDO, FL 32812** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
May, Stephen
2527 Roberts Blvd.
Orlando, FL 32812** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
TOMEY, JOANNE
5468 CONWAY POINTE CT
ORLANDO, FL 32812** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DONALDSON, DEBORAH E
4326 TOMLINSON CIR.
ORLANDO, FL 328298639** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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☐ Change ☐ Addition

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☐ 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: *Deborah E Donaldson* **Deborah E Donaldson** **2/22/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #