

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001361

FILED
Feb 03, 2009
Secretary of State

Entity Name: CONWAY POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5412 CONWAY PTE. CT.
ORLANDO, FL 328125391 US

New Principal Place of Business:

Current Mailing Address:

4326 TOMLINSON CIR
ORLANDO, FL 328291639 US

New Mailing Address:

FEI Number: 59-3345157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMS, LEHN
PO BOX 2967
801 N. MAGNOLIA AVE. STE 201
ORLANDO, FL 328031550 US

Name and Address of New Registered Agent:

ABRAMS, LEHN
801 N. MAGNOLIA AVE. STE 201
ORLANDO, FL 328031550 US

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:

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BONILLA, CARLOS
Address: 5400 CONWAY PT CT
City-St-Zip: ORLANDO, FL 32812

Title: VD () Delete
Name: MAY, STEPHEN
Address: 2527 ROBERTS BLVD
City-St-Zip: ORLANDO, FL 32812

Title: STD () Delete
Name: TOMEY, JOANNE
Address: 5468 CONWAY POINTE CT
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: DONALDSON, DEBORAH E
Address: 4326 TOMLINSON CIR.
City-St-Zip: ORLANDO, FL 328298639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DEBORAH E. DONALDSON

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02/03/2009

Electronic Signature of Signing Officer or Director

Date