2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753742

INC.

Entity Name: CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION,

Current Principal Place of Business:

6626 ORANGE KNOLL DR BELLE ISLE, FL 32812

Current Mailing Address:

6626 ORANGE KNOLL DR BELLE ISLE, FL 32812 US

FEI Number: 95-3005304 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIETRANDREA, PATRICK J 6626 ORANGE KNOLL DR BELLE ISLE, FL 32812 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: PATRICK J PIETRANDREA

07/31/2021

FILED Jul 31, 2021

Secretary of State

7827928041CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

THE SECRETARY THE TREAST	Title	SECRETARY	Title	TREASURER
--------------------------	-------	-----------	-------	-----------

Name SHAFFER, LINDA Name PIETRANDREA, PATRICK J Address 6609 SAINT PARTIN PLACE Address 6626 ORANGE KNOLL DR City-State-Zip: BELLE ISLE FL 32812 City-State-Zip: BELLE ISLE FL 32812

Title **DIRECTOR** Title **PRESIDENT** DUGAN, BOB Name CLEARY, KEVIN Name

Address 3617 WATERS EDGE DR Address 6624 SAINT PARTIN PLACE City-State-Zip: BELLE ISLE FL 32812 City-State-Zip: BELLE ISLE FL 32812

Title **DIRECTOR** Title DIRECTOR

Name AINSWORTH, STEVE Name VAN VELZEN, KYLE

Address 6617 SAINT PARTIN PLACE 6606 CONWAY LAKES DR Address

City-State-Zip: BELLE ISLE FL 32812 BELLE ISLE FL 32812 City-State-Zip:

Title DIRECTOR VΡ Title

Name KERSHNER, ROB DAVIS, BOB Name

Address 6638 CONWAY LAKES DR Address 6605 CITRUS VALLEY DR City-State-Zip: BELLE ISLE FL 32812 BELLE ISLE FL 32812 City-State-Zip:

I hereby 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 all other like empowered.

SIGNATURE: PATRICK J PIETRANDREA

TREASURER

07/31/2021