

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753742

Entity Name: CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 15, 2013
Secretary of State
CC2076713579**Current Principal Place of Business:**3601 WATERS EDGE DR
BELLE ISLE, FL 32812**Current Mailing Address:**3601 WATERS EDGE DR
BELLE ISLE, FL 32812 US**FEI Number: 95-3005304****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALDINGER, GLENN
3601 WATERS EDGE 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	POMEROY, DENNIS
Address	6536 SAINT PARTIN PLACE
City-State-Zip:	BELLE ISLE FL 32812

Title	SECRETARY
Name	SHAFFER, LINDA
Address	6609 ST. PARTIN PL
City-State-Zip:	BELLE ISLE FL 32812

Title	T
Name	ALDINGER, GLENN
Address	3601 WATERS EDGE DR.
City-State-Zip:	BELLE ISLE FL 32812

Title	D
Name	MARTIN, BETSY
Address	6606 CONWAY LAKES DRIVE
City-State-Zip:	BELLE ISLE FL 32812

Title	DIRECTOR
Name	LYNN, RONALD
Address	6633 ST. PARTIN PL
City-State-Zip:	BELLE ISLE FL 32812

Title	VP
Name	SEVICK, MARIE
Address	6618 ORANGE KNOLL DRIVE
City-State-Zip:	BELLE ISLE FL 32812

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: GLENN E ALDINGER**TREASURER****03/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date