2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2025
Secretary of State
2342638207CC

DOCUMENT# 753742

Entity Name: CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6610 ORANGE KNOLL DR
BELLE ISLE, FL 32812

Current Mailing Address:

6610 ORANGE KNOLL DR
BELLE ISLE, FL 32812 US

FEI Number: 95-3005304

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEARD, DEBRA A
6610 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: DEBRA A HEARD 01/24/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	SHAFFER, LINDA
Address	6609 SAINT PARTIN PLACE
City-State-Zip:	BELLE ISLE FL 32812

Title	DIRECTOR
Name	CLEARY, KEVIN
Address	3617 WATERS EDGE DR
City-State-Zip:	BELLE ISLE FL 32812

Title	DIRECTOR
Name	DAVIS, BOB
Address	6605 CITRUS VALLEY DR
City-State-Zip:	BELLE ISLE FL 32812

Title	DIRECTOR
Name	AINSWORTH, STEVE
Address	6617 ST PARTIN PL
City-State-Zip:	BELLE ISLE FL 32812

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

Title	DIRECTOR
Name	VAN VELZEN, KYLE
Address	6606 CONWAY LAKES DR
City-State-Zip:	BELLE ISLE FL 32812

Title	PRESIDENT
Name	POMEROY, ANDY
Address	6521 ST PARTIN PL
City-State-Zip:	BELLE ISLE FL 32812

Title	TREASURER
Name	HEARD, DEBRA
Address	6610 ORANGE KNOLL DR
City-State-Zip:	BELLE ISLE FL 32812

Continues on page 2

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: DEBRA A HEARD TREASURER 01/24/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	WALLACE, JASON
Address	6415 ST PARTIN PLACE
City-State-Zip:	BELLE ISLE FL 32812