

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753742

Entity Name: CONWAY LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 13, 2017
Secretary of State
CC3497892453**Current Principal Place of Business:**6427 ST PARTIN PLACE
BELLE ISLE, FL 32812**Current Mailing Address:**6427 ST PARTIN PLACE
BELLE ISLE, FL 32812 US**FEI Number: 95-3005304****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWN, LEONARD
6427 ST PARTIN PLACE
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: LEONARD BROWN****03/13/2017**

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	D
Name	MARTIN, BETSY
Address	6606 CONWAY LAKES DRIVE
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	DIRECTOR
Name	LYNN, RONALD
Address	6633 ST. PARTIN PL
City-State-Zip:	BELLE ISLE FL 32812

Title	T
Name	BROWN, LEONARD
Address	6427 ST PARTIN PLACE
City-State-Zip:	BELLE ISLE FL 32812

Title	VP
Name	CLEARY, KEVIN
Address	3617 WATERS EDGE 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: LEONARD D BROWN**TREASURER****03/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date