

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40754 (6)
1. Corporation Name
LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.

Principal Place of Business Mailing Address
4800 BIG OAKS LN. 2004 MAGNOLIA AVE.
ORLANDO FL 32806-4826 SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1990
3a. Date of Last Report 10/14/1994
4. FEI Number 59-2883439
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 4848 BIG OAKS Lane 25 4848 BIG OAKS Lane
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 ORLANDO, FL 28 ORLANDO, FL
Zip Country Zip Country
24 32806 25 ORANGE 29 32806 30 ORANGE

9. Name and Address of Current Registered Agent
BETTY A. ROBERTSON
2004 MAGNOLIA AVE.
SANFORD FL 32771
10. Name and Address of New Registered Agent
81 Name EVELYN DUNN
82 Street Address (P.O. Box Number is Not Acceptable) 4848 BIG OAKS LANE
83
84 City ORLANDO FL 85 Zip Code 32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Evelyn Dunn EVELYN DUNN 4-13-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T ☒ Change ☐ Addition
NAME	DUNN, EVELYN	1.2 NAME	
STREET ADDRESS	4848 BIG OAKS LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	32806 ☒ Change ☐ Addition
TITLE	D	2.1 TITLE	P ☒ Change ☐ Addition
NAME	SCHAFFERS, LEO	2.2 NAME	
STREET ADDRESS	49643 BIG OAKS LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	32806 ☒ Change ☐ Addition
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	CLOUDE, WILLIAM	3.2 NAME	
STREET ADDRESS	4801 BIG OAKS LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	32806 ☒ Change ☐ Addition
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	HART, SUSAN	4.2 NAME	
STREET ADDRESS	4807 BIG OAKS LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	32806 ☒ Change ☐ Addition
TITLE	D	5.1 TITLE	D Strawn, Lawrence ☒ Change ☒ Addition
NAME	JOHNSON, DARYL	5.2 NAME	
STREET ADDRESS	4837 BIG OAKS LN.	5.3 STREET ADDRESS	4806 BIG OAKS LANE
CITY - ST - ZIP	ORLANDO FL 32806	5.4 CITY - ST - ZIP	ORLANDO FL 32806
TITLE	T	6.1 TITLE	D ☒ Change ☒ Addition
NAME	ROBERTSON, BETTY A.	6.2 NAME	Basino, Tawny
STREET ADDRESS	4800 BIG OAKS LN.	6.3 STREET ADDRESS	4854 BIG OAKS LANE
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	ORLANDO FL 32806

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leo J. Schaters 4/13/95 407 857 9325
Signature and typed or printed name of signing officer or director (Name) (Type Here)