

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N40754** (6)

1. Corporation Name

**LAKE SIDE VILLAGE AND CONWAY CABANA CLUB, INC.**



Principal Place of Business

Mailing Address

**4848 BIG OAKS LANE  
ORLANDO FL 32806  
US**

**4848 BIG OAKS LANE  
ORLANDO FL 32806  
US**

3. Date Incorporated or Qualified

**11/08/1990**

3a. Date of Last Report

**04/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNN, EVELYN  
4848 BIG OAKS LANE  
ORLANDO FL 32806**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

T

☐ DELETE

NAME

**DUNN, EVELYN**

STREET ADDRESS

**4848 BIG OAKS LANE**

CITY - ST - ZIP

**ORLANDO FL**

TITLE

P

☐ DELETE

NAME

**SCHAFERS, LEO**

STREET ADDRESS

**49843 BIG OAKS LANE**

CITY - ST - ZIP

**ORLANDO FL**

TITLE

D

☒ DELETE

NAME

**CLOUDE, WILLIAM**

STREET ADDRESS

**4801 BIG OAKS LANE**

CITY - ST - ZIP

**ORLANDO FL**

TITLE

D

☐ DELETE

NAME

**HART, SUSAN**

STREET ADDRESS

**4807 BIG OAKS LANE**

CITY - ST - ZIP

**ORLANDO FL**

TITLE

D

☐ DELETE

NAME

**STRAWN, LAWRENCE**

STREET ADDRESS

**4806 BIG OAKS LANE**

CITY - ST - ZIP

**ORLANDO FL**

TITLE

D

☐ DELETE

NAME

**BASINO, TAWNY**

STREET ADDRESS

**4854 BIG OAKS LANE**

CITY - ST - ZIP

**ORLANDO FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE: *Evelyn Dunn* **EVELYN DUNN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan 23, 1996* **Jan 23, 1996**

DATE

*407-859-0013* **407-859-0013**

DATE/TIME PHONE #

CR2E037 (12/95)