## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N40754

(6)

LAKESIDE	VILLAGE	<b>AND</b>	<b>CONWAY</b>	<b>CABANA</b>	CLUB.	INC.
		JUNE	COMMA	UNUMINA	ULUD,	1110

Principal Place of Business Mailing Address  4848 BIG OAKS LANE ORLANDO FL 32806 ORLANDO FL 32806					
US US	rt. 32806	ORLANDO FL 32806 US		2 Data lagarage and a Confident	To Constitute
				3. Date Incorporated or Qualified 11/08/1990	3a. Date of Last Report 04/20/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		59-2883439	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5 00 May Be
23		28		Trust Fund Contribution	Added to Fees
<b>Z</b> ip 2 <b>4</b>	Country <b>25</b>	Zp	Country	8. This corporation has liability for in	
<u>:+ </u>	9. Name and Address of Curre	29   ent Registered Agent	30]	Florida Statutes  10. Name and Address of New Re	Yes 2-No
			81 Name	10. Harris and Address of Hew No	Alareren vianir
DUNN.	EVELYN		82 Street Add	(D.O. Boy Number is Not Assessable	
•	IG OAKS LANE		62 Street Add	Ireas (P.O. Box Number is Not Acceptable	ı)
	DO FL 32806		83		
			84 City		85 Zip Code
or registe	ered agent, or both, in the State of Flor with, and accept the obligations of, Sec	rida. Such change was authorize	s, the above-named corpo ed by the corporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered age	10.00			
12.		ND DIRECTORS	E Registered Agent signature require 13.	ad when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE TEDE AND DIDUCTIONS IN 10
TITLE	T	DELETE		S	Change Addition
NAME	DUNN, EVELYN		12 NAME	linchbauch weidi	
STREET ADORESS	4848 BIG OAKS LANE		13 STREET ADDRESS 4	linchbzugh Heidi 855 Big Ozks L Ylando, Fl 32	2716
CITY - ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	7/27do, F1 32	806
TITLE	P	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	SCHAFERS, LEO		2 2 NAME		
STHEET ADDRESS	49843 BIG OAKS LANE		2 3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL	T-DELETE	2 4 CITY-ST-ZIP		
TITLE NAME	D CLOUDE WARLIAM	DELETE	3 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	CLOUDE, WILLIAM 4801 BIG OAKS LANE		3 2 NAME		
CITY - ST - ZIP	ORLANDO FL		3.3 STREET ADDRESS		
TITLE	D	DELETE	3.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	HART, SUSAN		4. 2 NAME		T Avenue T Montholl
STREET ADDRESS	4807 BIG OAKS LANE		4.3 STREET ADDRESS		
CITY-SI-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5 1 TITLE		Change Addition
NAME	STRAWN, LAWRENCE		5.2 NAME		
STREET ADDRESS	4806 BIG OAKS LANE		5 3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		5 4 CITY - ST - ZIP		
TITLE	D	DELETE	6 1 TITLE		Change Addition
NAME	BASINO, TAWNY		6 2 NAME		
STREET ADDRESS	4854 BIG OAKS LANE		6 3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	with this films is not recently for the	6 4 CITY - ST - ZIP		
oath: that		iual report or supplemental annu loration or the receiver or trustee	ial report is true and accura Lemnowered to execute thi	or the exemption stated in Section 119.0 ate and that my signature shall have the si is report as required by Chapter 617, Flor	

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 1996 407-859-0013
Date Dayting Phone #