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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N407

(6)

LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.

FILED Mar 12 1998 8:00am Secretary of State

ENREGIDE NEEME AND COM	THE CHOMEN OLOGY II	110.		
Incipal Place of Business Mailing Address				F COMMON SHY OLD HIS ONE SHIP OF SHIP OLD HIS OLD IN CHARLE OLD HIS OL
1848 BIG OAKS LANE ORLANDO FL 32808 US	4848 BIG OAKS LANE ORLANDO FL 32806 US			3. Date Incorporated or Qualified 11/08/1990 4. FEI Number Applied For 59-2883439 Not Applicable
2. Principal Place of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		,		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State City & State				7. Is this nonprofit corporation a homeowners association? X Yes No
Zip Country 25	Zip 29	30	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered Agent
			81 Name	NB
DUNN, EVELYN 4848 BIG OAKS LANE			82 Stree	et Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32806			83	
			84 City	FL 85 Zip Code
 Pursuant to the provisions of Sections 617. office or registered agent, or both, in the Sagent. I am familiar with, and accept the of 	tate of Florida. Such change w	vas authorizad	d by the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE DARRELL JOHNSON LAST NAME. 4819 BIG OAKS LN. FLINCHBAUGH, HEIDI NAME 12 NAME 4855 BIG OAKS LANE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32806 **QRLANDO FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE STRAWN, LAWRENCE 2.2 NAME **SCHAFERS, LEO** NAME 4806 BIG OAKS LN. 49843 BIG OAKS LANE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO, FL. 3280,6 **ORLANDO FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DSCHAFERS, LEO HART, SUSAN NAME 3.2 NAME 4843 BIG DAKS LN. 4807 BIG OAKS LANE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO, FLA. 32806 ORLANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME STRAWN, LAWRENCE 4.2 NAME STREET ADDRESS 4806 BIG OAKS LANE 4.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE BASINO, TAWNY NAME 5.2 NAME STREET ADDRESS 4854 BIG OAKS LANE **5.3 STREET ADDRESS** ORLANDO FL CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE NAME **DUNN, EVELYN** 6.2 NAME 4848 OAKS LANE STREET ADDRESS **6.3 STREET ADDRESS**

CITY-ST-ZIP

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Engly M. D. TORONIA ER ENGLIN M. DININ 2/1/00 /- 112 00000000

CR2E037 (10/97)