

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90221 045 ****61.25

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DOCUMENT # N40754

1. Corporation Name

LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/08/1990

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **S** ☐ DELETE

NAME **FLINCHBAUGH, HEIDI**
STREET ADDRESS **4855 BIG OAKS LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **SCHAFERS, LEO**
STREET ADDRESS **49843 BIG OAKS LANE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ DELETE

NAME **HART, SUSAN**
STREET ADDRESS **4807 BIG OAKS LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **P** ☐ DELETE

NAME **JOHNSON, DARRELL**
STREET ADDRESS **4819 BIG OAKS LANE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ DELETE

NAME **BASINO, TAWNY**
STREET ADDRESS **4854 BIG OAKS LANE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE

NAME **DUNN, EVELYN**
STREET ADDRESS **4848 OAKS LANE**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V STRAWN, LAWRENCE** ☐ Change ☒ Addition

1.2 NAME **4806 BIG OAKS LN.**
1.3 STREET ADDRESS **ORLANDO, FL 32806**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: *Evelyn M. Dunn* DATE: *2/11/99* TIME: *1-407-859-0013*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)