2001 DIGITORIA DOSINESS REPORT (
DOCUMENT # 1. Entity Name	N40754	
LAKESIDE VILLAGE	AND CONWAY CABANA CLUB, INC.	
Principal Place of Business	Mailing Address	

Principal Place of Business 4848 BIG OAKS LANE ORLANDO FL 32806

US

Zip

4848 BIG OAKS LANE ORLANDO FL 32806

Zip

2. Principal Place of Business	3. Mailing Address
4863 Big Oaks LN	4836 Big OakslN
Suite, Apt. #, etc. Orlando FL	Suite, Apt. #, etc. Or Lando FC
City & State 37804	Sity & State O G

4. FEI Number 5. Certificate of Status Desired

\$8.75 Additional

Country 7. Name and Address of New Registered Agent

Fee Required

DUNN, EVELYN 4848 BIG OAKS LANE ORLANDO FL 32806

Clingles

citybrlando

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Country USA

6. Name and Address of Current Registered Agent

FILE NOW: **FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ ∧odition TITLE TITLE ☐1 Change secretary ☐ Delete Sandiclinaler NAME FLINCHBAUGH, HEIDI NAME 4836 Big cate LN STREET ADDRESS STREET ADDRESS 4855 BIG OAKS LANE CITY-ST-ZIP CITY-ST-ZIP orlando ORLANDO FL & Board Member Horrestal Delete President Audition TITLE TITI F Change rossion SCHAFERS, LEO NAME NAME EMMe Big oats LN STREET ADDRESS STREET ADDRESS 49843 BIG OAKS LANE 4831 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 -1 Audition TITLE Delete TITLE ☐ Change HART, SUSAN Director NAME NAME oar STREET ADDRESS STREET ADDRESS 4807-BIG OAKS LANE 810CITY-ST-ZIP CITY-ST-ZIP Ørlando fl «Vice tresident TITLE Addition TITLE NAME JOHNSON, DARRELL OΥ NAME STREET ADDRESS STREET ADDRESS 4819 BIG OAKS LANE CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32806 D Board Member Director Delete Change TITLE TITLE anborn BASINO, TAWAY Ernie NAME Echan NAME Director STREET ADDRESS STREET ADDRESS 4854 BIG OAKS LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Delete TITLE ☐ Change ☐ Addition TITLE DUNN, EVELYN NAME NAME STREET ADDRESS STREET ADDRESS 4848 OAKS LANE CITY-ST-7IP CITY-ST-ZIP <u> Orlando fl</u>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SandiaC