


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90012 001 ****70.00

DOCUMENT # N40754	
1. Entity Name LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.	

Principal Place of Business 4863 BIG OAKS LANE ORLANDO FL 32806 US	Mailing Address 4836 BIG OAKS LANE ORLANDO FL 32806 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4854 Big oaks kn Suite, Apt. #, etc.
City & State 	City & State Orlando
Zip 	Country FL 32806 USA



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent CLINGLER, SANDI 4836 BIG OAKS LANE ORLANDO FL 32806	7. Name and Address of New Registered Agent Name Ernie Basino Street Address (P.O. Box Number is Not Acceptable) 4854 Big oaks Lane City Orlando FL Zip Code 32806
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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. I am familiar with, and accept the obligations of registered agent.

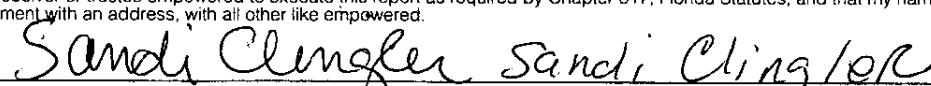
SIGNATURE  DATE **3/31/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 + \$8.75 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNN, TAYLOR 4855 BIG OAKS LANE ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID, FLINCHBAUGH 49843 BIG OAKS LANE ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SANBORN, KATHY 4807 BIG OAKS LANE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DARRELL 4819 BIG OAKS LANE ORLANDO FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD BASINO, ERNIE 4854 BIG OAKS LANE ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SHOEMAKER, RANDI 4848 OAKS LANE ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **Sandi Clinger** **2/25/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **407-850-3443**
Daytime Phone #