

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90144 004 ****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 4854 BIG OAKS LANE ORLANDO, FL 32806 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BASINO, ERNIE 4854 BIG OAKS LANE ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNN, TAYLOR		NAME	HEIDI FLINCHBAUGH	
STREET ADDRESS	4855 BIG OAKS LANE		STREET ADDRESS	4855 BIG OAKS LN	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	ORL FL 32806	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID, FLINCHBAUGH		NAME	EMMIETT TAYLOR	
STREET ADDRESS	49843 BIG OAKS LANE		STREET ADDRESS	4831 BIG OAKS LN	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	ORL FL 32806	
TITLE	BMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANBORN, KATHY		NAME		
STREET ADDRESS	4807 BIG OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DARRELL		NAME		
STREET ADDRESS	4819 BIG OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	BMD	<input checked="" type="checkbox"/> Delete	TITLE	BMD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REICHE, MARILYN		NAME	LAWRENCE STRAWN	
STREET ADDRESS	4858 BIG OAKS LANE		STREET ADDRESS	4206 BIG OAKS LN	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	ORL FL 32806	
TITLE	BMD	<input checked="" type="checkbox"/> Delete	TITLE	BMD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLOUDS, MARGARET		NAME	RMONI SHOLEMAN	
STREET ADDRESS	4801 BIG OAKS LANE		STREET ADDRESS	4813 BIG OAKS LN	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	ORL FL 32806	
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: E BASINO 3/5/05 407-970-0201					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					