

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40754

FILED
Mar 07, 2007
Secretary of State

Entity Name: LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.

Current Principal Place of Business:

4863 BIG OAKS LANE
ORLANDO, FL 32806 US

New Principal Place of Business:

4819 BIG OAKS LANE
ORLANDO, FL 32806 US

Current Mailing Address:

4854 BIG OAKS LANE
ORLANDO, FL 32806 US

New Mailing Address:

4819 BIG OAKS LANE
ORLANDO, FL 32806 US

FEI Number: 59-2883439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASINO, ERNIE
4854 BIG OAKS LANE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

DARRELL, JOHNSON
4819 BIG OAKS LANE
ORLANDO, FL 32806 US

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.

SIGNATURE: DARRELL JOHNSON

03/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FLINCHBAUGH, HEIDI
Address: 4855 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: V () Delete
Name: TAYLOR, EMMETT
Address: 49843 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: BMD () Delete
Name: SANBORN, KATHY
Address: 4807 BIG OAKS LANE
City-St-Zip: ORLANDO, FL

Title: P () Delete
Name: JOHNSON, DARRELL
Address: 4819 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: BMD () Delete
Name: STRAWN, LAWRENCE
Address: 4858 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: BMD () Delete
Name: SHOEMAKER, RONI
Address: 4801 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: FLINCHBAUGH, HEIDI
Address: 4855 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: T (X) Change () Addition
Name: TAYLOR, EMMETT
Address: 49843 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL JOHNSON

P

03/07/2007

Electronic Signature of Signing Officer or Director

Date