

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40754

FILED
Jun 23, 2009
Secretary of State

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

Current Principal Place of Business:

4806 BIG OAKS LANE
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

4806 BIG OAKS LANE
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-2883439 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STRAWN, LAWRENCE M
4806 BIG OAKS LANE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: T () Delete
Name: STRAWN, LAWRENCE M
Address: 4806 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: SEC () Delete
Name: SANBORN, KATHY
Address: 4837 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: REICHE, MARILYN
Address: 4858 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

Title: BMD () Delete
Name: SHAFER, LEO
Address: 4843 BIG OAKS LANE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: FLINCHBAUGH, DAVID
Address: 4855 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE M. STRAWN

T

06/23/2009

Electronic Signature of Signing Officer or Director

Date