

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40754

**Entity Name:** LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.**Current Principal Place of Business:**4860 BIG OAKS LANE  
ORLANDO, FL 32806**Current Mailing Address:**4806 BIG OAKS LANE  
ORLANDO, FL 32806 US**FEI Number:** 59-2883439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRAWN, LAWRENCE M  
4806 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	V
Name	FLINCHBAUGH, DAVID
Address	4855 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

Title	SEC
Name	BERRIOS, MARY JANE
Address	4830 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

Title	BMD
Name	REICHE, MARILYN
Address	4858 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

Title	T
Name	STRAWN, LAWRENCE M
Address	4806 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

Title	P
Name	JOHNSON, DARRELL
Address	4819 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

Title	BMD
Name	DERRICK, LYNN
Address	4842 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

*I hereby 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 all other like empowered.*

**SIGNATURE:** LAWRENCE M. STRAWN**TREASURER****02/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date