2015 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

Name and Address of Current Registered Agent:

STRAWN, LAWRENCE M 4806 BIG OAKS LANE ORLANDO, FL 32806 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	VP	Title	TREASURER
Name	FLINCHBAUGH, DAVID	Name	STRAWN, LAWRENCE M
Address	4855 BIG OAKS LANE	Address	4806 BIG OAKS LANE
City-State	e-Zip: ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	SECRETARY	Title	PRESIDENT
Name	BERRIOS, MARY JANE	Name	JOHNSON, DARRELL
Address	4830 BIG OAKS LANE	Address	4819 BIG OAKS LANE
City-State	e-Zip: ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR REICHE, MARILYN	Title Name	DIRECTOR PARRISH, SID
Name	REICHE, MARILYN 4858 BIG OAKS LANE	Name	PARRISH, SID
Name Address	REICHE, MARILYN 4858 BIG OAKS LANE	Name Address City-State-Zip:	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806
Name Address	REICHE, MARILYN 4858 BIG OAKS LANE	Name Address City-State-Zip: Title	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806 DIRECTOR
Name Address City-State	REICHE, MARILYN 4858 BIG OAKS LANE e-Zip: ORLANDO FL 32806	Name Address City-State-Zip:	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806
Name Address City-State	REICHE, MARILYN 4858 BIG OAKS LANE e-Zip: ORLANDO FL 32806 DIRECTOR	Name Address City-State-Zip: Title	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806 DIRECTOR
Name Address City-State Title Name	REICHE, MARILYN 4858 BIG OAKS LANE ORLANDO FL 32806 DIRECTOR TAYLOR, KAY 4816 BIG OAKS LANE	Name Address City-State-Zip: Title Name	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806 DIRECTOR REICHE, MARILYN

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

04/16/2015

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 16, 2015 Secretary of State CC8758347407

Date