

**2016 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	VP
Name	FLINCHBAUGH, DAVID
Address	4855 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

Title	SECRETARY
Name	SANBORN, KATHY
Address	4837 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	PARRISH, SID
Address	4861 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

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

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

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

Title	DIRECTOR
Name	TAYLOR, KAY
Address	4816 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

Title	DIRECTOR
Name	MARKEL, JAY
Address	4812 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806

**Continues on page 2**

*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

03/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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