

**2024 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 TISCHER, YVONNE  
Address 4854 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 LYNN, DERRICK  
Address 4842 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 JOHNSON, DARRELL  
Address 4819 BIG OAKS LANE  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR  
Name AMICO, PETER  
Address 4853 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**

**02/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date