

2013 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	Title	T
Name	FLINCHBAUGH, DAVID	Name	STRAWN, LAWRENCE M
Address	4855 BIG OAKS LANE	Address	4806 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	SEC	Title	P
Name	BERRIOS, MARY JANE	Name	JOHNSON, DARRELL
Address	4830 BIG OAKS LANE	Address	4819 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	BMD	Title	BMD
Name	REICHE, MARILYN	Name	DERRICK, LYNN
Address	4858 BIG OAKS LANE	Address	4842 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	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****04/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date