2021 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-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	SECRETARY	Title	PRESIDENT
Name	TISCHER, YVONNE	Name	JOHNSON, DARRELL
Address	4854 BIG OAKS LANE	Address	4819 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR PARRISH, SID	Title Name	DIRECTOR AMICO, PETER
Name	PARRISH, SID 4861 BIG OAKS LANE	Name	AMICO, PETER
Name Address	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806	Name Address	AMICO, PETER 4853 BIG OAKS LANE
Name Address City-State-Zip:	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806 DIRECTOR	Name Address City-State-Zip:	AMICO, PETER 4853 BIG OAKS LANE ORLANDO FL 32806
Name Address City-State-Zip: Title	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806	Name Address City-State-Zip: Title	AMICO, PETER 4853 BIG OAKS LANE ORLANDO FL 32806 DIRECTOR
Name Address City-State-Zip: Title Name	PARRISH, SID 4861 BIG OAKS LANE ORLANDO FL 32806 DIRECTOR BORDA, JAMES 4836 BIG OAKS LANE	Name Address City-State-Zip: Title Name	AMICO, PETER 4853 BIG OAKS LANE ORLANDO FL 32806 DIRECTOR MARKEL, JAY

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

03/01/2021

Electronic Signature of Signing Officer/Director Detail

FILED Mar 01, 2021 Secretary of State 5720176591CC

Date