FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40754** **(6)**

1. Corporation Name
LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.

Principal Place of Business	Mailing Address
4800 BIG OAKS LN. ORLANDO FL 32806-4826	2004 MAGNOLIA AVE. SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1990
3a. Date of Last Report: 10/14/1994
4. FEI Number: 59-2883439 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 4848 Big Oaks Lane	2a. Mailing Address 26 4848 Big Oaks Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL.	City & State 28 ORLANDO, FL.
Zip / Country 24 32806 / 25 ORANGE	Zip / Country 29 32806 / 30 ORANGE

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BETTY A. ROBERTSON
2004 MAGNOLIA AVE.
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: EVELYN DUNN
82 Street Address (P.O. Box Number is Not Acceptable): 4848 BIG OAKS LANE
83
84 City: ORLANDO FL 85 Zip Code: 32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Evelyn Dunn — EVELYN DUNN — DATE: 4-13-95
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T	☒ Change ☐ Addition
NAME	DUNN, EVELYN	1.2 NAME		
STREET ADDRESS	4848 BIG OAKS LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32806	
TITLE	D	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SCHAFERS, LEO	2.2 NAME		
STREET ADDRESS	49643 BIG OAKS LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32806	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	CLOUDE, WILLIAM	3.2 NAME		
STREET ADDRESS	4801 BIG OAKS LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	32806	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	HART, SUSAN	4.2 NAME		
STREET ADDRESS	4807 BIG OAKS LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	32806	
TITLE	D	5.1 TITLE	D Strawn, Lawrence	☒ Change ☒ Addition
NAME	JOHNSON, DARYL	5.2 NAME		
STREET ADDRESS	4837 BIG OAKS LN.	5.3 STREET ADDRESS	4806 Big Oaks Lane	
CITY-ST-ZIP	ORLANDO FL 32806	5.4 CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	T	6.1 TITLE	D	☒ Change ☒ Addition
NAME	ROBERTSON, BETTY A.,	6.2 NAME	Basino, Tawny	
STREET ADDRESS	4800 BIG OAKS LN.	6.3 STREET ADDRESS	4854 Big Oaks Lane	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO FL 32806	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leo J. Schafers — LEO J. SCHAFERS — 4/13/95 — 407 857 9325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032/49