FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N40754 (6)

1. Corporation Name

LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.

Principal Place of Business	Mailing Address
4848 BIG OAKS LANE ORLANDO FL 32806 US	4848 BIG OAKS LANE ORLANDO FL 32806 US

3. Date Incorporated or Qualified: 11/08/1990

3a. Date of Last Report: 04/20/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2883439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

DUNN, EVELYN
4848 BIG OAKS LANE
ORLANDO FL 32806

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed 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	T	☐ DELETE	11 TITLE	S	☒ Change ☐ Addition
NAME	DUNN, EVELYN		12 NAME	Flinchbaugh, Heidi	
STREET ADDRESS	4848 BIG OAKS LANE		13 STREET ADDRESS	4855 Big Oaks Lane	
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	Orlando, Fl 32806	
TITLE	P	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SCHAFERS, LEO		22 NAME		
STREET ADDRESS	49843 BIG OAKS LANE		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP		
TITLE	D	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CLOUDE, WILLIAM		32 NAME		
STREET ADDRESS	4801 BIG OAKS LANE		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HART, SUSAN		42 NAME		
STREET ADDRESS	4807 BIG OAKS LANE		43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	STRAWN, LAWRENCE		52 NAME		
STREET ADDRESS	4806 BIG OAKS LANE		53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BASINO, TAWNY		62 NAME		
STREET ADDRESS	4854 BIG OAKS LANE		63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		64 CITY-ST-ZIP		

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)(k), 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: Evelyn Dunn EVELYN DUNN — Jan 23, 1996 — 407-859-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)