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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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)

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	S	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	FLINCHBAUGH, HEIDI		1.2 NAME	DARRELL JOHNSON LAST NAME	
STREET ADDRESS	4855 BIG OAKS LANE		1.3 STREET ADDRESS	4819 BIG OAKS LN.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	P	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	SCHAFERS, LEO		2.2 NAME	STRAWN, LAWRENCE	
STREET ADDRESS	49843 BIG OAKS LANE		2.3 STREET ADDRESS	4806 BIG OAKS LN.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL. 32806	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HART, SUSAN		3.2 NAME	SCHAFERS, LEO	
STREET ADDRESS	4807 BIG OAKS LANE		3.3 STREET ADDRESS	4843 BIG OAKS LN.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FLA. 32806	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STRAWN, LAWRENCE		4.2 NAME		
STREET ADDRESS	4806 BIG OAKS LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BASINO, TAWNY		5.2 NAME		
STREET ADDRESS	4854 BIG OAKS LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, EVELYN		6.2 NAME		
STREET ADDRESS	4848 OAKS LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Evelyn M. Dunn TREASURER EVELYN M DUNN 3/6/98