

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90144 004 ****70.00

DOCUMENT # N40754 1. Entity Name LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.					
Principal Place of Business 4863 BIG OAKS LANE ORLANDO, FL 32806 US			Mailing Address 4854 BIG OAKS LANE ORLANDO, FL 32806 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BASINO, ERNIE 4854 BIG OAKS LANE ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNN, TAYLOR 4855 BIG OAKS LANE ORLANDO, FL 32806	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIDI FLINCHBAUGH 4855 BIG OAKS LN ORL FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID, FLINCHBAUGH 49843 BIG OAKS LANE ORLANDO, FL 32806	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EMMETT TAYLOR 4831 BIG OAKS LN ORL FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD SANBORN, KATHY 4807 BIG OAKS LANE ORLANDO, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DARRELL 4819 BIG OAKS LANE ORLANDO, FL 32806	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD REICHE, MARILYN 4858 BIG OAKS LANE ORLANDO, FL 32806	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD LAWRENCE STRAWN 4806 BIG OAKS LN ORL FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD CLOUDS, MARGARET 4801 BIG OAKS LANE ORLANDO, FL 32806	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD RMONI SHOLEMAN 4813 BIG OAKS LN ORL FL 32806
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ E BASINO 3/5/05 407-970-0201 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					