

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90731 047 ****61.25

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

4863 BIG OAKS LANE
ORLANDO FL 32806
US

2. Principal Place of Business

3. Mailing Address

4836 Big Oaks W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

Country

Zip

Country

32806 USA

4. FEI Number **59-2883439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLINGLER, SANDI
4836 BIG OAKS LANE
ORLANDO FL 32806

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

Sandi Clinger

2/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	S	☐ Delete
NAME	LYNN, TAYLOR	
STREET ADDRESS	4855 BIG OAKS LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	V	☐ Delete
NAME	DAVID, FLINCHBAUGH	
STREET ADDRESS	49843 BIG OAKS LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	BMD	☐ Delete
NAME	SANBORN, KATHY	
STREET ADDRESS	4807 BIG OAKS LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	☐ Delete
NAME	JOHNSON, DARRELL	
STREET ADDRESS	4819 BIG OAKS LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	BMD	☐ Delete
NAME	BASINO, ERNIE	
STREET ADDRESS	4854 BIG OAKS LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	BMD	☐ Delete
NAME	SHOEMAKER, RANDI	
STREET ADDRESS	4848 OAKS LANE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Sandi Clinger

407-850-3443 Sandi Clinger 2/18/03

CR2E037 (10/02)