

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40754

Entity Name: LAKESIDE VILLAGE AND CONWAY CABANA CLUB, INC.**Current Principal Place of Business:**4860 BIG OAKS LANE
ORLANDO, FL 32806**Current Mailing Address:**4806 BIG OAKS LANE
ORLANDO, FL 32806 US**FEI Number:** 59-2883439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRAWN, LAWRENCE M
4806 BIG OAKS LANE
ORLANDO, FL 32806 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title V
Name FLINCHBAUGH, DAVID
Address 4855 BIG OAKS LANE
City-State-Zip: ORLANDO FL 32806

Title SEC
Name BERRIOS, MARY JANE
Address 4830 BIG OAKS LANE
City-State-Zip: ORLANDO FL 32806

Title BMD
Name REICHE, MARILYN
Address 4858 BIG OAKS LANE
City-State-Zip: ORLANDO FL 32806

Title T
Name STRAWN, LAWRENCE M
Address 4806 BIG OAKS LANE
City-State-Zip: ORLANDO FL 32806

Title P
Name JOHNSON, DARRELL
Address 4819 BIG OAKS LANE
City-State-Zip: ORLANDO FL 32806

Title BMD
Name DERRICK, LYNN
Address 4842 BIG OAKS LANE
City-State-Zip: ORLANDO FL 32806

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE M. STRAWN**TREASURER****02/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date