

2021 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	VP	Title	TREASURER
Name	FLINCHBAUGH, DAVID	Name	STRAWN, LAWRENCE M
Address	4855 BIG OAKS LANE	Address	4806 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	SECRETARY	Title	PRESIDENT
Name	TISCHER, YVONNE	Name	JOHNSON, DARRELL
Address	4854 BIG OAKS LANE	Address	4819 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	DIRECTOR	Title	DIRECTOR
Name	PARRISH, SID	Name	AMICO, PETER
Address	4861 BIG OAKS LANE	Address	4853 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806
Title	DIRECTOR	Title	DIRECTOR
Name	BORDA, JAMES	Name	MARKEL, JAY
Address	4836 BIG OAKS LANE	Address	4812 BIG OAKS LANE
City-State-Zip:	ORLANDO FL 32806	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****03/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date