FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:47

DOCUMENT # 750032 (5)

1. Corporation Name

LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12 ARBORVUE TRAIL ORMOND BCH FL 32174	12 ARBORVUE TRAIL ORMOND BCH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1979
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2777037 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HAZARD, PATRICIA
503 LAKEBRIDGE DRIVE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: IRIS NORRIS
82 Street Address (P.O. Box Number is Not Acceptable): 511 LAKEBRIDGE DRIVE
83
84 City: ORMOND BEACH FL 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Iris Norris 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	PUCKETT, STEPHEN E	1.2 NAME	
STREET ADDRESS	15 GLEN ARBOR PARK	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	MAYNARD, JAMES	2.2 NAME	
STREET ADDRESS	8 GLEN ARBOR PARK	2.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, THOMAS F	3.2 NAME	
STREET ADDRESS	2424 ENTERPRISE ROAD, STE G	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	HAZARD, PATRICIA	4.2 NAME	
STREET ADDRESS	503 LAKEBRIDGE DR	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	NORRIS, IRIS	5.2 NAME	
STREET ADDRESS	511 LAKEBRIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GRUNDER, JOHN	6.2 NAME	
STREET ADDRESS	17 ARBOR LAKES PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Iris Norris Iris Norris 3/7/95 904-676-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0024288