

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750032 (5)
1. Corporation Name
LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 12/04/1979
3a. Date of Last Report: 03/22/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

9. Name and Address of Current Registered Agent
NORRIS, IRIS
511 LAKEBRIDGE DRIVE
ORMOND BEACH FL 32174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

*SIGNATURE: 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	VD <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, THOMAS F	1.2 NAME	
STREET ADDRESS	2424 ENTERPRISE ROAD, STE G	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRIS, IRIS	2.2 NAME	Frank Majore
STREET ADDRESS	511 LAKEBRIDGE DR.	2.3 STREET ADDRESS	3030 Stanford Ave
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNDER, JOHN	3.2 NAME	
STREET ADDRESS	17 ARBOR LAKES PARK	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Bill Robertson
STREET ADDRESS		4.3 STREET ADDRESS	28 Rio Pinar Trail
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Marilyn Silvers
STREET ADDRESS		5.3 STREET ADDRESS	513 Lakebridge Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	200001733822 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	-03/06/96--01034--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-30-96 677-8390
Date Daytime Phone #

CR2E037 (12/95)