

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

98 JUN 25 AM 11:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750032
 1. Corporation Name
Lakebridge Property Owners Association, Inc.

Principal Place of Business Mailing Address
1166 Pelican Bay Dr **1166 Pelican Bay Drive**
Daytona Beach, FL **Daytona Beach, FL 32119**
32119

REINSTATEMENT 97-98

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

3. Date Incorporated or Qualified	11/19/79
4. FEI Number	59-2777037
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
Selwitz, Barbara J.
1166 Pelican Bay Drive
Daytona Beach, FL 32119

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

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 *Barbara J. Selwitz* DATE 6-15-98

12. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> DELETE
NAME	Thomas Flynn
STREET ADDRESS	2424 Enterprise Rd, Ste G
CITY-ST-ZIP	Clearwater, FL 34623
TITLE	Treas. <input type="checkbox"/> DELETE
NAME	John Grunder
STREET ADDRESS	17 Arbor Lakes Park
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	VP <input type="checkbox"/> DELETE
NAME	Bill Robertson
STREET ADDRESS	28 Rio Pinar
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	VP Marilyn Silvers <input type="checkbox"/> DELETE
NAME	513 Lakebridge Dr.
STREET ADDRESS	Ormond Beach, FL 32174
TITLE	Sec. <input type="checkbox"/> DELETE
NAME	Iris Norris
STREET ADDRESS	511 Lakebridge Drive
CITY-ST-ZIP	ORMOND Beach, FL 32174
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Secretary/ Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *John C. Grunder* John Grunder, Treas. DATE 6-13-98 (904) 256-3032

CR2E037 (10/97)