

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N09281 (9)
 1. Corporation Name
LAKEBRIDGE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: C/O INTEGRITY PROP MGT, 3200 UNIVERSITY DR #210, CORAL SPRINGS FL 33065, US
 Mailing Address: C/O INTEGRITY PROP MGT, P.O. BOX 8726, CORAL SPRINGS FL 33075, US

3. Date Incorporated or Qualified: **05/14/1985**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-2609967**
 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: **C/O BECKER Mgmt, Inc.**
 2a. Mailing Address: **C/O BECKER Mgmt, Inc.**
 22. **2175 N.E. 56 ST. #114**
 27. **P.O. Box 24756**
 23. **Ft. Lauderdale, FL**
 28. **Ft. Lauderdale, FL**
 24. Zip **33308** 25. Country **USA**
 29. Zip **33307-4756** 30. Country **US**

9. Name and Address of Current Registered Agent
KAYE AND ROGER, P.A.
1500 W. CYPRESS CREEK ROAD
SUITE 207
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
 81. Name **BLAIR R. BECKER**
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. **2175 N.E. 56 ST. #114**
 84. City **FT. LAUDERDALE** FL 85. Zip Code **33308**

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: *Blair R. Becker* - **BLAIR R. BECKER** DATE: **6-14-96**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MIANO, JOE	
STREET ADDRESS	27 SW THIRD ST	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, DONNA	
STREET ADDRESS	S.W. THIRD STREET	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VERBOOM, JEANETTE	
STREET ADDRESS	37 S.W. 3RD STREET	
CITY-ST-ZIP	POMPANO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERON, LINDA	
STREET ADDRESS	57 SW THIRD ST	
CITY-ST-ZIP	POMPANO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, DENNIS	
STREET ADDRESS	S.W. 3RD STREET	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOROGOOD, BICH	
STREET ADDRESS	109 SW THIRD ST	
CITY-ST-ZIP	POMPANO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD MARQUETTE OROZ
3.3 STREET ADDRESS	59 S.W. 3 ST.
3.4 CITY-ST-ZIP	POMP. Bch, FL 33060
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	← SAME
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOUG FREEMING
5.3 STREET ADDRESS	71 SW 3 ST
5.4 CITY-ST-ZIP	POMP. Bch, FL 33060
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JD GINA GREGOLETTO
6.3 STREET ADDRESS	19 S.W. 3 ST
6.4 CITY-ST-ZIP	POMPANO Bch, FL 33060

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: *Joe Miano* **JOE MIANO** DATE: **6-14-96** DAYTIME PHONE #: **951-941-1777**

CR2E037 (3/96)