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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

C/O BECKER MGMT., INC.
2175 N.E. 56 ST. #114
FT. LAUDERDALE FL 33065
US

C/O BECKER MGMT., INC.
P.O. BOX 24756
FT. LAUDERDALE FL 33307-4756
US

3. Date Incorporated or Qualified 05/14/1985
3a. Date of Last Report 06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number 59-2609967
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAIR R. BECKER
2175 N.E. 56 ST. #114
SUITE 207
FT. LAUDERDALE FL 33309

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	MIANO, JOE	27 SW THIRD ST	POMPANO BCH FL	<input checked="" type="checkbox"/>
SD	MARGUERITE OROZ	59 S.W. 3 ST.	POMPANO BCH FL	<input checked="" type="checkbox"/>
D	DOUG FREMMING	71 S.W. 3 ST.	POMPANO FL	<input checked="" type="checkbox"/>
PD	HERON, LINDA	57 SW THIRD ST	POMPANO FL	<input checked="" type="checkbox"/>
TD	GINA GREGOLETTO	19 S.W. 3 ST.	POMPANO BCH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	DONNA MURPHY	177 S.W. 3 ST.	POMPANO Bch, FL 33060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	CATHY COMPETIELLO	181 S.W. 3 ST.	POMPANO Bch, FL 33060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	MICHELLE SCHATZ	191 S.W. 3 ST.	POMPANO Bch, FL 33060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	ELIZABETH LARKINS	125 S.W. 3 ST.	POMPANO Bch, FL 33060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DENNIS MURPHY	177 S.W. 3 ST.	POMPANO Bch, FL 33060	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 changed, or on an attachment with an address.

SIGNATURE ELIZABETH LARKINS 4/25/97 954-946-5611

CR2E037 (9/96)