

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 16 1998 8:00am
 Secretary of State

0006151

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09281 (9)
 1. Corporation Name
 LAKEBRIDGE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business C/O BECKER MGMT., INC. 2175 N.E. 56 ST. #114 FT. LAUDERDALE FL 33065 US	Mailing Address C/O BECKER MGMT., INC. P.O. BOX 24756 FT. LAUDERDALE FL 33075 US
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3. Date Incorporated or Qualified 05/14/1985
4. FEI Number 59-2609967
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLAIR R. BECKER 2175 N.E. 56 ST. #114 FT. LAUDERDALE FL 33309	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME MURPHY, DONNA	
STREET ADDRESS 177 S.W. 3 ST.	
CITY-ST-ZIP POMPANO BCH FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME OOMPETIELLO, CATHY	
STREET ADDRESS 181 S.W. 3 ST.	
CITY-ST-ZIP POMPANO BCH FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME SCHATZ, MICHELLE	
STREET ADDRESS 101 S.W. 3 ST	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME LARKINS, ELIZABETH	
STREET ADDRESS 125 S.W. 3 ST.	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE O	<input checked="" type="checkbox"/> DELETE
NAME MURPHY, DENNIS	
STREET ADDRESS 177 S.W. 3 ST.	
CITY-ST-ZIP POMPANO BCH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JOSEPH MIANO	
1.3 STREET ADDRESS 27 S.W. 3 ST.	
1.4 CITY-ST-ZIP POMPANO Bch, FL 33060	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME LINDA HERON	
2.3 STREET ADDRESS 57 SW 3 ST	
2.4 CITY-ST-ZIP POMPANO Bch, FL 33060	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME PAUL BISHOP	
5.3 STREET ADDRESS 81 SW 3 ST	
5.4 CITY-ST-ZIP POMPANO Bch, FL 33060	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Joseph Miano* - *Joseph Miano* Date: *July 6, 1998*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 954-794-1177

CR2E037 (5/98)