

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER 01/01/2000.
 AMOUNT DUE ON OR BEFORE 08/31/99: \$41.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

99 MAY 20 AM 9:11
 05-04-1999 90066 029 *****61.25

FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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

2. Principal Place of Business 2a. Mailing Address
 21 **Consolidated Mgt.** 2a **Consolidated Mgt.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **7686 Wiles Road** 27 **7686 Wiles Road**
 City & State City & State
 23 **Coral Springs FL** 28 **Coral Springs, FL**
 Zip Country Zip Country
 24 **33067** 25 **US** 29 **33067** 30 **US**

3. Date Incorporated or Qualified
05/14/1985
 4. FEI Number Applied For
59-2609967 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
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BLAIR R. BECKER
 2175 N.E. 56 ST. #114
 FT. LAUDERDALE FL 33069

10. Name and Address of New Registered Agent
 81 Name **Consolidated Community Management**
 82 Street Address (P.O. Box Number is Not Acceptable)
7686 Wiles Road.
 83 **Coral Springs** **33067**
 84 City 85 Zip Code
FL

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 _____ DATE _____
 (NOTE: Registered Agent signature required when removing)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	Joseph Miano	
STREET ADDRESS	57 SW 3 St	
CITY-ST-ZIP	Pompano Bch, FL 33060	
TITLE	VD	DELETE
NAME	LINDA Heron	
STREET ADDRESS	57 SW 3 Street	
CITY-ST-ZIP	Pompano Bch, FL 33060	
TITLE	TD	DELETE
NAME	ELIZABETH LARKINS	
STREET ADDRESS	125 S.W 3 street	
CITY-ST-ZIP	Pompano Bch, FL 33060	
TITLE	SD	DELETE
NAME	Michelle Schatz	
STREET ADDRESS	191 SW 3 street	
CITY-ST-ZIP	Pompano Bch, FL 33060	
TITLE	PD	DELETE
NAME	Paul Bishop	
STREET ADDRESS	81 SW 3 Street	
CITY-ST-ZIP	Pompano Bch, FL 33060	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	PRES - LINDA Heron		
1.3 STREET ADDRESS	57 SW 3 RD ST		
1.4 CITY-ST-ZIP	Pompano Bch, FL 33060		
2.1 TITLE	VD	Change	Addition
2.2 NAME	V.P. Joseph Miano		
2.3 STREET ADDRESS	27 SW 3 RD ST		
2.4 CITY-ST-ZIP	Pompano Bch, FL 33060		
3.1 TITLE	TD	Change	Addition
3.2 NAME	Treas Elizabeth Larkini		
3.3 STREET ADDRESS	125 SW 3 RD ST		
3.4 CITY-ST-ZIP	Pompano Bch, FL 33060		
4.1 TITLE	SD	Change	Addition
4.2 NAME	Secy Michelle Schatz		
4.3 STREET ADDRESS	191 SW 3 RD ST		
4.4 CITY-ST-ZIP	Pompano Bch, FL 33060		
5.1 TITLE	ATD	Change	Addition
5.2 NAME	ASST. TREAS. PHILIP HINTON		
5.3 STREET ADDRESS	187 SW 3 RD ST		
5.4 CITY-ST-ZIP	Pompano Bch, FL 33060		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: the I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Heron 3/27/99

5/28/99