

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90123 036 \*\*\*\*61.25

**DOCUMENT # N09281**

1. Entity Name

**LAKEBRIDGE HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business C/O CONSOLIDATED MGMT. 7686 WILES ROAD CORAL SPRINGS FL 33067 US	Mailing Address C/O CONSOLIDATED MGMT. 7686 WILES ROAD CORAL SPRINGS FL 33067-2069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>10034 W McNab Rd</b> Suite, Apt. #, etc.
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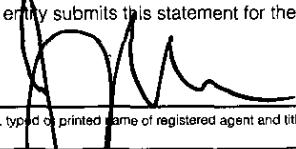
City & State <b>TAMARAC FL</b>	4. FEI Number <b>59-2609967</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33321</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
  
**CONSOLIDATED COMMUNITY MANAGEMENT**  
**7686 WILES ROAD**  
**CORAL SPRINGS FL 33067**

7. Name and Address of New Registered Agent  
 Name: **Consolidated Community Management**  
 Street Address (P.O. Box Number is Not Acceptable): **10034 West McNab Road**  
**TAMARAC**  
 City: **FL** Zip Code: **33321**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE:  DATE: **1-27-00**

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

<b>FILE NOW:</b> <b>FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIANO, JOSEPH 27 SW 3RD ST POMPANO BCH FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERON, LINDA 57 SW 3RD ST POMPANO BCH FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHATZ, MICHELLE 191 S.W. 3 ST POMPANO BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARKINS, ELIZABETH 125 S.W. 3 ST. POMPANO BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HINTON, PHIL 187 S.W. 3RD STREET POMPANO BCH FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Richard Kleva 205 SW 3rd St Pompano Beach, FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **1-27-00** DAYTIME PHONE #: **954-341-7506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)