


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N09281</b> 1. Entity Name LAKEBRIDGE HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 10034 W. MCNAB RD. TAMARAC, FL 33321 US	Mailing Address 10034 W MCNAB RD TAMARAC, FL 33321 US
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05022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2609967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CONSOLIDATED COMMUNITY MANAGEMENT 10034 W MCNAB RD TAMARAC, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOLEDO, FERNANDO 10034 W. MCNAB RD. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONTE, ROBERT 10034 W. MCNAB RD. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARKINS, BETTY 10034 W. MCNAB RD. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRENT, CARMEN 10034 W. MCNAB RD. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000362987  
05/05/05-80140-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Carmen Trent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05  
Date

Daytime Phone #