2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 31, 2005 DOCUMENT# N09281 Secretary of State

Entity Name: LAKEBRIDGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10034 W. MCNAB RD. TAMARAC, FL 33321 US

Current Mailing Address: New Mailing Address:

10034 W MCNAB RD TAMARAC, FL 33321 US

FEI Number: 59-2609967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONSOLIDATED COMMUNITY MANAGEMENT 10034 W MCNAB RD TAMARAC, FL 33324 US

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:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD (X) Change () Addition () Delete TOLEDO, FERNANDO MONTEMAYOR, MITCHELE Name: Name: 10034 W. MCNAB RD. Address: 10034 W. MCNAB RD. Address: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 City-St-Zip:

Title: SD () Delete Title: (X) Change () Addition Name: CONTE, ROBERT Name: TAYLOR, STEPHANIE Address:

10034 W. MCNAB RD. Address: 10034 W. MCNAB RD. City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: (X) Change () Addition

LARKINS, BETTY LARKINS, ELIZABETH Name: Name: 10034 W. MCNAB RD. Address: Address: 10034 W. MCNAB RD. City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: PD () Delete Title: () Change () Addition

Name: TRENT, CARMEN Name: Address: 10034 W. MCNAB RD. Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN TRENT PD 05/31/2005