

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
05 OCT 21 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09152005 Chg-NP CR2E037 (10/03)  
4. FEI Number **59-2609967** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # N09281**  
1. Entity Name  
**LAKEBRIDGE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**10034 W. MCNAB RD.  
TAMARAC, FL 33321 US**

Mailing Address  
**10034 W MCNAB RD  
TAMARAC, FL 33321 US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**6. Name and Address of Current Registered Agent**  
**CONSOLIDATED COMMUNITY MANAGEMENT  
10034 W MCNAB RD  
TAMARAC, FL 33324**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**Amended AR is \$61.25** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTEMAYOR, MITCHELE</b> <b>10034 W. MCNAB RD.</b> <b>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>TAYLOR, STEPHANIE</b> <b>10034 W. MCNAB RD.</b> <b>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LARKINS, ELIZABETH</b> <b>10034 W. MCNAB RD.</b> <b>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TRENT, CARMEN</b> <b>10034 W. MCNAB RD.</b> <b>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 <b>300060865703</b> <b>10/21/05--01048--002 **\$1.25</b>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD TOLEDO, FERNANDO</b> <b>10034 W. MCNAB Rd.</b> <b>TAMARAC, FL 33321</b>
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)(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** 9/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #