

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90012 004 \*\*\*\*61.25

<b>DOCUMENT # N09281</b>			
1. Entity Name <b>LAKEBRIDGE HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>10034 W. MCNAB RD. TAMARAC FL 33321 US</b>		Mailing Address <b>10034 W MCNAB RD TAMARAC FL 33321 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2609967</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CONSOLIDATED COMMUNITY MANAGEMENT 10034 W MCNAB RD TAMARAC FL 33324</b>			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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>PAID</b> 9437	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME MONTEMAYOR, MITCHELL	<input type="checkbox"/> Delete	TITLE VP	NAME MONTEMAYOR, MITCHELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10034 W. MCNAB RD.	CITY-ST-ZIP TAMARAC FL 33321		STREET ADDRESS 10034 W. MCNAB RD.	CITY-ST-ZIP TAMARAC, FL. 33321	
TITLE SD	NAME TAYLOR, STEPHANIE	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME LOFSTEDT, ROLF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10034 W. MCNAB RD.	CITY-ST-ZIP TAMARAC FL 33321		STREET ADDRESS 10034 W. MCNAB RD	CITY-ST-ZIP TAMARAC, FL. 33321	
TITLE TD	NAME LARKINS, ELIZABETH	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10034 W. MCNAB RD.	CITY-ST-ZIP TAMARAC FL 33321		STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME TRENT, CARMEN	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10034 W. MCNAB RD.	CITY-ST-ZIP TAMARAC FL 33321		STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME TOLEDO, FERNANDO	<input type="checkbox"/> Delete	TITLE D	NAME TOLEDO, FERNANDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10034 W. MCNAB RD.	CITY-ST-ZIP TAMARAC FL 33321		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* 2-21-06 954-718-9903