
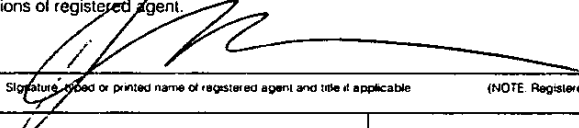


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 SEP 11 PM 5:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA *SC*

<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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																							
City & State		City & State																							
Zip	Country	Zip	Country																						
<b>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</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code                 </div>																							
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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature typed or printed name of registered agent and title if applicable</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>																									
<b>Amended AR 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 Florida Department of State</b>																									
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* 08-23-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #