

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:47

DOCUMENT # 750032 (5)
1. Corporation Name
LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
12 ARBORVUE TRAIL 12 ARBORVUE TRAIL
ORMOND BCH FL 32174 ORMOND BCH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1979 3a. Date of Last Report 02/08/1994
4. FEI Number 59-2777037 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

HAZARD, PATRICIA
503 LAKEBRIDGE DRIVE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name IRIS NORRIS
82 Street Address (P.O. Box Number is Not Acceptable) 511 LAKEBRIDGE DRIVE
83
84 City ORMOND BEACH FL 85 Zip Code 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Iris Norris
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

3/7/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	PUCKETT, STEPHEN E	15 GLEN ARBOR PARK	ORMOND BCH FL
VD	MAYNARD, JAMES	8 GLEN ARBOR PARK	ORMOND BEACH FL
VD	FLYNN, THOMAS F	2424 ENTERPRISE ROAD, STE G	CLEARWATER FL
TD	HAZARD, PATRICIA	503 LAKEBRIDGE DR	ORMOND BCH FL
SD	NORRIS, IRIS	511 LAKEBRIDGE DR.	ORMOND BEACH FL
D	GRUNDER, JOHN	17 ARBOR LAKES PARK	ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		DELETE		☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☒	☐
		DELETE		☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☒	☐
		DELETE		☒	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Iris Norris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95 904-676-5488

(Type Name)