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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750032
1. Corporation Name

Lakebridge Property Owners Association, Inc.

Principal Place of Business Mailing Address
1166 Pelican Bay Dr 1166 Pelican Bay Drive
Daytona Beach, FL Daytona Beach, FL 32119
32119

REINSTATEMENT 97-98

3. Date Incorporated or Qualified
11/19/79

4. FEI Number
59-2777037

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Selwitz, Barbara J.
1166 Pelican Bay Drive
Daytona Beach, FL 32119

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Barbara J. Selwitz
Signature, typed or printed name of registered agent and File # applicable

(NOTE: Registered Agent signature required when registering)

DATE

6-15-98

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
NAME Thomas Flynn
STREET ADDRESS 2424 Enterprise Rd, Ste G
CITY-ST-ZIP Clearwater, FL 34623

TITLE Treas. ☐ DELETE
NAME John Grunder
STREET ADDRESS 17 Arbor Lakes Park
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE VP ☐ DELETE
NAME Bill Robertson
STREET ADDRESS 28 Rio Pinar
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE VP Marilyn Silvers ☐ DELETE
NAME Marilyn Silvers
STREET ADDRESS 513 Lakebridge Dr.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE Sec. ☐ DELETE
NAME Iris Norris
STREET ADDRESS 511 Lakebridge Drive
CITY-ST-ZIP ORMOND Beach, FL 32174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Treasurer/Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice President/Director ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Vice President/Director ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Secretary/~~Director~~ ☒ Change ☐ Addition
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John C. Grunder* John Grunder, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-98 (904) 256-3032
Date Daytime Phone #

CR2E037 (10/97)