

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750032

1. Entity Name

LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90026 023 ****61.25

Principal Place of Business

Mailing Address

~~50 S YONGE ST~~
~~ORMOND BCH FL 32174~~
~~US~~

~~50 S YONGE ST~~
~~ORMOND BCH FL 32174-6289~~
~~US~~

2. Principal Place of Business

3. Mailing Address

1501 Pine Ave.
Suite, Apt. #, etc.

1501 Pine Ave.
Suite, Apt. #, etc.

City & State
Holly Hill, FL

City & State
Holly Hill, FL

4. FEI Number
59-2777037

Applied For
Not Applicable

Zip
32117

Country
USA

Zip
32117

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PAGE ONE REALTY~~
~~50 S YONGE ST~~
~~1~~
~~ORMOND BEACH FL 32174~~

Name
Halifax Management
Street Address (P.O. Box Number is Not Acceptable)
1501 Pine Ave.
City
Ormond Beach FL Zip Code
32117

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.

SIGNATURE *Judith M. Buckley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FLYNN, THOMAS
STREET ADDRESS 2424 ENTERPRISE ROAD, STE G
CITY-ST-ZIP CLEARWATER FL 34623

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GRUNDER, JOHN
STREET ADDRESS 17 ARBOR LAKES PARK
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME ROBERTSON, BILL
STREET ADDRESS 28 RIO PINAR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VPD ☒ Change ☐ Addition
NAME Steve Puckett
STREET ADDRESS 15 Glen Arbor Park
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE VPD ☒ Delete
NAME SILVERS, MARILYN
STREET ADDRESS 513 LAKEBRIDGE DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
NAME Frank Reda
STREET ADDRESS 531 Lakebridge Dr.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE S ☒ Delete
NAME NORRIS, IRIS
STREET ADDRESS 511 LAKEBRIDGE DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☒ Change ☐ Addition
NAME Joe Palermo
STREET ADDRESS 527 Lakebridge Drive
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *John C. Grunder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00 (904) 677-8390

CR2E037 (9/99)