2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #750032

FILED Feb 09, 2004 8:00 am Secretary of State

02-09-2004 90059 042 ****70.00

SIGNATURE Through Proce of Susiness Signature Fig. 33756 US CLEARWITER, F. 33756 US COuntry Zip Zip Country Zip	1. Entity Nam LAKEBRI	DGE PROPERTY OWNERS	' ASSOCIATION, IN	1C.					
Suito, Apt. 4, etc.	516 LAKEVIEW ROAD 510 VILLA 8 VIL		516 LAKEVIEW ROAD VILLA 8	516 LAKEVIEW ROAD Villa 8					
City & State Country Country S. Contrictate of Status Depired R. Septiled for Not Applicable Recommend Address of Current Registered Agent FLYNN. THOMAS F 516 LAKEWIEW ROAD VILLA 8 City City FL City FL Zip Code City FL Zip Co	Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Country Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP C	CR2E037 (10/03)		
Country Country Country Country Country S. Certificate of Status Desired R. S.	City & State		City & State	City & State		7	—— —	·	
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip Country Z		Zip	p Country		atus Desired	\$8.75 Add	litional	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable in Acceptabl		6. Name and Address of Current F	legistered Agent		7. Name and Add	ress of New Regis	stered Agent		
CITY FL ZID Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE To open the set of registered agent. FILE TO SIGNATURE FILING Fee Is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PLYNN, THOMAS SIREST ADDRESS CITY-ST-2P CITY ST-2P CITY ST-2P	FLYNN, THOMAS F			Name					
Eithing Fee is \$61.25 Due by May 1, 2004 TITLE PD OFFICERS AND DIRECTORS TITLE DUNN, ED SIBERT MORESS CITY-SI-2P TITLE DUNN, ED ORMOND BEACH, FL 32174 TITLE D D D D BEACH D D BEACH D D D		VIEW ROAD		Street Addre	ess (P.O. Box Number is N	Not Acceptable)			
B. 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	CLEARWA	ATER, FL 33756		Cit.			7:- 0 1		
SIGNATURE Signature, typed of printed name of registrand agent and little if appolicable. INITE Registrand Agent agentative required when remotating) DAYE		·	. <u></u>	City	75		FL Zip Codi	e	
Signature, hyand of printed name of registreed agent and title if applicable. NOTE Registreed Agent sequented when reinstating) S5,00 May Be Addied to Fees Make check payable to Florida Department of State									
Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE		nd title if applicable. (NOT	E: Registered Agent signature re-	quired when reinstating)		DATE		
TITLE NAME FLYNN, THOMAS STREET ADDRESS CITY-ST-2P CLEARWATER, FL 33756 TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P									
NAME STREET ADDRESS CITY-ST-ZP CLEARWATER, FL 33756 CITY-ST-ZP CNAME CITY-ST-ZP CNAME CITY-ST-ZP CNAMOD BEACH, FL 32174 CITY-ST-ZP CITY-S					\$5.00 May Be Added to Fees				
NAME STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	Due by May 1, 2004	Trust Fund (Contribution.	Added to Fees	Florida	Department of St	tate	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD FLYNN, THOMAS 516 LAKEVIEW ROAD #8	Trust Fund (TITLE NAME STREET ADDRESS	Added to Fees	Florida	Department of St AND DIRECTORS IN Change	tate	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIR PD FLYNN, THOMAS 516 LAKEVIEW ROAD #8 CLEARWATER, FL 33756 D DUNN, ED 483 LAKEBRIDGE DRIVE	Trust Fund (ECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida	Department of St AND DIRECTORS IN Change	tate	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIR PD FLYNN, THOMAS 516 LAKEVIEW ROAD #8 CLEARWATER, FL 33756 D DUNN, ED 483 LAKEBRIDGE DRIVE ORMOND BEACH, FL 32174 D PUCKETT, STEVE 15 GLEN ARBOR PARK	Trust Fund (ECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida	Department of St AND DIRECTORS IN Change Change	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIR PD FLYNN, THOMAS 516 LAKEVIEW ROAD #8 CLEARWATER, FL 33756 D DUNN, ED 483 LAKEBRIDGE DRIVE ORMOND BEACH, FL 32174 D PUCKETT, STEVE 15 GLEN ARBOR PARK ORMOND BEACH, FL 32174 D LAFFERTY, BOB 875 WILMETTE AVENUE #813	Trust Fund (ECTORS Delete Delete Delete	Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida	Department of St AND DIRECTORS IN Change Change	Addition	
132 I bereny comity that the information supplied with this filling does not culatify for the exemption stated in Section 119.117/301. Florida Statutes, Uttaber certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DIR PD FLYNN, THOMAS 516 LAKEVIEW ROAD #8 CLEARWATER, FL 33756 D DUNN, ED 483 LAKEBRIDGE DRIVE ORMOND BEACH, FL 32174 D PUCKETT, STEVE 15 GLEN ARBOR PARK ORMOND BEACH, FL 32174 D LAFFERTY, BOB 875 WILMETTE AVENUE #813 ORMOND BEACH, FL 32174 ST ROTH, JOSEPH 1917 RIDGEWOOD AVENUE	Trust Fund (ECTORS Delete Delete Delete	Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida	Department of St AND DIRECTORS IN Change Change	Addition Addition	

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 eath; 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: Thomas F. Flynn, President 1/16/04 727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Flynn, President 1/16/04 727-449-1182

Daylime Phone #