

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 750032

1. Entity Name
LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
516 LAKEVIEW ROAD
VILLA 8
CLEARWATER, FL 33756 US

Mailing Address
516 LAKEVIEW ROAD
VILLA 8
CLEARWATER, FL 33756 US



01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2777037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F
516 LAKEVIEW ROAD
VILLA 8
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLYNN, THOMAS
STREET ADDRESS 516 LAKEVIEW ROAD #8
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE DVP
NAME FLYNN, KEVIN
STREET ADDRESS 516 LAKEVIEW RD #8
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D
NAME DUNN, ED
STREET ADDRESS 438 LAKEBRIDGE DR
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ST
NAME ROTH, JOSEPH
STREET ADDRESS 1917 RIDGEWOOD AVENUE
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000652809
03/12/07-80033-025 70.00

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IN THIS SPACE**

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: _____

Kevin T. Flynn, Vice President

2/15/07 727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #