

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750032

FILED
Mar 30, 2009
Secretary of State

Entity Name: LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

516 LAKEVIEW ROAD
VILLA 8
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

516 LAKEVIEW ROAD
VILLA 8
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-2777037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLYNN, THOMAS
Address: 516 LAKEVIEW ROAD #8
City-St-Zip: CLEARWATER, FL 33756

Title: DVP () Delete
Name: FLYNN, KEVIN
Address: 516 LAKEVIEW RD #8
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: DUNN, ED
Address: 438 LAKEBRIDGE DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST () Delete
Name: ROTH, JOSEPH
Address: 1917 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLYNN, THOMAS F
Address: 516 LAKEVIEW ROAD #8
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Change () Addition
Name: FLYNN, KEVIN T
Address: 516 LAKEVIEW RD #8
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Change () Addition
Name: KYSKA, ROBERT
Address: 875 WILMETTE AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change () Addition
Name: ROTH, JOSEPH
Address: 1617 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: S () Change (X) Addition
Name: HAZARD, TREE
Address: 876 QUAIL RUN
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Change (X) Addition
Name: DRAGONE, DANIEL
Address: 11 LAKEWOOD PARK
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. FLYNN

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date