

750032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

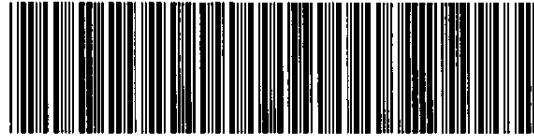
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/08/09--01017--018 \*\*35.00

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09 MAY -8 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RAA  
05/14/09

# ROBERT E. KRAMER, ESQUIRE

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ATTORNEY AT LAW

BOULEVARD EXECUTIVE PARK  
555 WEST GRANADA BOULEVARD, SUITE A-9  
ORMOND BEACH, FLORIDA 32174

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May 6, 2009

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Lakebridge Property Owners' Association, Inc.

Dear Sir:

Enclosed please find the Statement of Change of Registered Agent with the filing fee of \$35.00 regarding the above corporation. Please return the confirmation of changed Registered Agent to my office as well as to the Corporate address.

Please do not hesitate to contact me if there are any questions regarding this matter.

Very truly yours,



Robert E. Kramer

REK/jeo  
Enclosures

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.
2. The principal office address: 516 Lakeview Road, Villa 8, Clearwater, FL 33756
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/04/1979 Document number: 750032
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Thomas F. Flynn

516 Lakeview Road, Villa 8

Clearwater, FL 33756

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert E. Kramer, Esquire

555 West Granada Boulevard, Suite A9

(P.O. Box NOT acceptable)

Ormond Beach, FL 32174

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

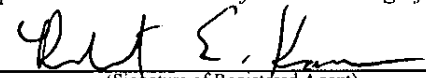
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Thomas F. Flynn, P/D/RA  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

5-6-09  
(Date)

If signing on behalf of an entity:

n/a  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)