

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750032

**Entity Name:** LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

516 LAKEVIEW ROAD  
VILLA 8  
CLEARWATER, FL 33756

**Current Mailing Address:**

516 LAKEVIEW ROAD  
VILLA 8  
CLEARWATER, FL 33756 US

**FEI Number:** 59-2777037

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KRAMER, ROBERT EESQ  
555 W GRANADA BLVD STE A9  
ORMOND BEACH, FL 32174 US

*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

**Officer/Director Detail :**

Title	PD
Name	FLYNN, THOMAS F
Address	516 LAKEVIEW ROAD #8
City-State-Zip:	CLEARWATER FL 33756
Title	D
Name	KYSKA, ROBERT
Address	875 WILMETTE AVENUE
City-State-Zip:	ORMOND BEACH FL 32174
Title	TREASURER, DIRECTOR
Name	WILKES, ED
Address	106 NATURE TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

Title	VPD
Name	FLYNN, KEVIN T
Address	516 LAKEVIEW RD #8
City-State-Zip:	CLEARWATER FL 33756
Title	S
Name	HAZARD, TREE
Address	876 QUAIL RUN
City-State-Zip:	ORMOND BEACH FL 32174
Title	DIRECTOR
Name	MINNICKS, JERRY
Address	875 WILMETTE AVENUE
City-State-Zip:	ORMOND BEACH FL 32174

*I hereby 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 all other like empowered.*

**SIGNATURE:** KEVIN T. FLYNN

VPD

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date