### 2015 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

## Name and Address of Current Registered Agent:

KRAMER, ROBERT EESQ 555 W GRANADA BLVD STE A9 ORMOND BEACH, FL 32174 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	PD	Title	VPD
Name	FLYNN, THOMAS F	Name	FLYNN, KEVIN T
Address	516 LAKEVIEW ROAD #8	Address	516 LAKEVIEW RD #8
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756
Title	D	Title	S
Name	KYSKA, ROBERT	Name	HAZARD, TREE
Address	875 WILMETTE AVENUE	Address	876 QUAIL RUN
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	TREASURER, DIRECTOR	Title	DIRECTOR
Name	GALLAGHER, MARCIA	Name	PICI, CHRISTINE
Address	1 LAKEWOOD PARK	Address	875 WILMETTE AVENUE
City-State-Zip:	ORMOND BEACH FL 32174	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

Date

Electronic Signature of Signing Officer/Director Detail