

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

DOCUMENT# N09281

**Entity Name:** LAKEBRIDGE HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC3655881680**

**Current Principal Place of Business:**

C/O CCM  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CCM  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321 US

**FEI Number: 59-2609967**

**Certificate of Status Desired: No**

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

VALANCY, STEVEN S  
311 SE 13TH STREET  
FORT LAUDERDALE, FL 33316 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 VP  
Name LEWIS, CHARLES  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title SD  
Name VALINZO, PRINCESS  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title D  
Name BAKER, GREGG  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title PD  
Name TRENT, CARMEN  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title TD  
Name DOYLE, CYNTHIA  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

*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: CARMEN TRENT**

**PRESIDENT**

**03/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date