

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90106 037 \*\*\*\*70.00

**60021538**



02072006 Chg-NP CR2E037 (11/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                     |                                                                                                                                                                                        |                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 750032</b><br>1. Entity Name<br>LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                     |                                                                                                                                                                                        |                                                                                |  |
| Principal Place of Business<br><b>516 LAKEVIEW ROAD</b><br><b>VILLA 8</b><br><b>CLEARWATER, FL 33756 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                     | Mailing Address<br><b>516 LAKEVIEW ROAD</b><br><b>VILLA 8</b><br><b>CLEARWATER, FL 33756 US</b>                                                                                        |                                                                                |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | 3. Mailing Address                                                                  |                                                                                                                                                                                        |                                                                                |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                        |                                                                                |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | City & State                                                                        |                                                                                                                                                                                        |                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                      | Zip                                                                                 | Country                                                                                                                                                                                |                                                                                |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                |  |
| <b>FLYNN, THOMAS F</b><br><b>516 LAKEVIEW ROAD</b><br><b>VILLA 8</b><br><b>CLEARWATER, FL 33756</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                     |                                                                                                                                                                                        |                                                                                |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                     |                                                                                                                                                                                        |                                                                                |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                        | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                     |                                                                                                                                                                                        |                                                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                  |                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD <input type="checkbox"/> Delete           |                                                                                     | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FLYNN, THOMAS                                |                                                                                     | NAME                                                                                                                                                                                   |                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 516 LAKEVIEW ROAD #8                         |                                                                                     | STREET ADDRESS                                                                                                                                                                         |                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CLEARWATER, FL 33756                         |                                                                                     | CITY-ST-ZIP                                                                                                                                                                            |                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DVP <input type="checkbox"/> Delete          |                                                                                     | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FLYNN, KEVIN                                 |                                                                                     | NAME                                                                                                                                                                                   |                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 516 LAKEVIEW RD #8                           |                                                                                     | STREET ADDRESS                                                                                                                                                                         |                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CLEARWATER, FL 33756                         |                                                                                     | CITY-ST-ZIP                                                                                                                                                                            |                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                                                                                                  | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PUCKETT, STEVE                               |                                                                                     | NAME                                                                                                                                                                                   | Dunn, Ed                                                                       |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15 GLEN ARBOR PARK                           |                                                                                     | STREET ADDRESS                                                                                                                                                                         | 438 Lakebridge Drive                                                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ORMOND BEACH, FL 32174                       |                                                                                     | CITY-ST-ZIP                                                                                                                                                                            | Ormond Beach, FL 32174                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ST <input type="checkbox"/> Delete           |                                                                                     | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ROTH, JOSEPH                                 |                                                                                     | NAME                                                                                                                                                                                   |                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1917 RIDGEWOOD AVENUE                        |                                                                                     | STREET ADDRESS                                                                                                                                                                         |                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HOLLY HILL, FL 32117                         |                                                                                     | CITY-ST-ZIP                                                                                                                                                                            |                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete              |                                                                                     | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                     | NAME                                                                                                                                                                                   |                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                     | STREET ADDRESS                                                                                                                                                                         |                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                     | CITY-ST-ZIP                                                                                                                                                                            |                                                                                |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete              |                                                                                     | TITLE                                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                     | NAME                                                                                                                                                                                   |                                                                                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                     | STREET ADDRESS                                                                                                                                                                         |                                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                     | CITY-ST-ZIP                                                                                                                                                                            |                                                                                |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                              |                                                                                     |                                                                                                                                                                                        |                                                                                |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                     | Kevin T. Flynn, Vice President                                                                                                                                                         |                                                                                |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                     | 2/20/06 727-449-1182<br><small>Date Daytime Phone #</small>                                                                                                                            |                                                                                |  |



MANAGEMENT  
CORPORATION

ATTACHMENT

60021538  
#750032



LICENSED REAL ESTATE BROKER

516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FLORIDA 33756-3302  
(727) 449-1182  
(727) 447-5364 FAX

February 22, 2006

TO: Division of Corporations  
--P.O. Box 1500  
Tallahassee, FL 32302-1500

Enclosed please find 2006 Annual Report with check for fees for the following:

Lakebridge Property Owners Association, Inc

Sincerely,

**FLYNN MANAGEMENT CORPORATION**