


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 750032	
1. Entity Name LAKEBRIDGE PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 516 LAKEVIEW ROAD VILLA 8 CLEARWATER, FL 33756 US	Mailing Address 516 LAKEVIEW ROAD VILLA 8 CLEARWATER, FL 33756 US
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2777037	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD VILLA 8 CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, THOMAS 516 LAKEVIEW ROAD #8 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLYNN, KEVIN 516 LAKEVIEW RD #8 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, ED 438 LAKEBRIDGE DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROTH, JOSEPH 1917 RIDGEWOOD AVENUE HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **Kevin T. Flynn, Vice President** 2/22/08 727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #