2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N00832

Entity Name: LAKEBRIDGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2502064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WESTEROFF, DONALD
Address: 3518 57TH AVE CIR W
City-St-Zip: BRADENTON, FL 34210

Title: VPD ( ) Delete
Name: BERRY, DIANA K
Address: 3608 57TH AVE DR W
City-St-Zip: BRADENTON, FL 34210

Title: SD ( ) Delete
Name: WOMACK, KAREN
Address: 3402 57TH TER W
City-St-Zip: BRADENTON, FL 34210

Title: TD ( ) Delete
Name: SANDHOFF, LUCILLE B
Address: 3439 57TH AVE DR W
City-St-Zip: BRADENTON, FL 34210

Title: D ( ) Delete
Name: BOEHM, BETTE
Address: 3410 57TH TER W
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MILLS, ANTHONY
Address: 3602 57TH AVE DR W
City-St-Zip: BRADENTON, FL 34210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD WESTEROFF PD 04/09/2009

Electronic Signature of Signing Officer or Director — Date