

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000003467

Entity Name: 400 LAKEBRIDGE PLAZA DRIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

400 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH, FL 32174

FEI Number: 83-1201757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARKS, JEFFREY D M.D.
400 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH, FL 32174 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 DP
Name PARKS, JEFFREY D M.D.
Address 400 LAKEBRIDGE PLAZA DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title DST
Name HAZEN, BRIAN W
Address 400 LAKEBRIDGE PLAZA DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name SWEET, JEFFREY C
Address 400 LAKEBRIDGE PLAZA DRIVE
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: BRIAN W HAZEN

OFFICER

04/29/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date