

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000003467

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

**FILED  
Apr 29, 2022  
Secretary of State  
3949625366CC**

**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

04/29/2022

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

\_\_\_\_\_  
Date