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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24883 (3)
1. Corporation Name
LAKE IDA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
PO BOX 2758 PO BOX 2758
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
02/17/1988
4. FEI Number
65-0129901
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GEFFE, DIANE M
1508 LAKE DR
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, GEORGE	
STREET ADDRESS	102 NW 12TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUMPHRIES, KEITH	
STREET ADDRESS	320 NW 11TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, REBECCA	
STREET ADDRESS	2102 NW 2ND AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GEFFE, DIANE	
STREET ADDRESS	1508 LAKE DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOMINGUEZ, RICHARD	
STREET ADDRESS	1343 NW 3RD AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EICHAS, TERRY	
STREET ADDRESS	160 SE 6TH AVE., SUITE A-1	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EICHAS, TERRY	
1.3 STREET ADDRESS	16 SE 6th Ave #2	
1.4 CITY-ST-ZIP	DeLray Bch. Fl 33483	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEFFE, DIANE	
3.3 STREET ADDRESS	1508 Lake Drive	
3.4 CITY-ST-ZIP	DeLray Bch. Fl 33444	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SIMON, STEVE	
4.3 STREET ADDRESS	33 NW 12th Street	
4.4 CITY-ST-ZIP	DeLray Bch. Fl 33444	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wheeler, STEVE	
5.3 STREET ADDRESS	614 ENFIELD DRIVE	
5.4 CITY-ST-ZIP	DeLray Bch. Fl 33444	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HENNINGER, DAVE	
6.3 STREET ADDRESS	602 Sunshine Drive	
6.4 CITY-ST-ZIP	DeLray Bch. Fl 33444	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* STEVE SIMON 1/13/98 561-272-8048

CR2E037 (10/97)