

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90097 044 ****61.25

DOCUMENT # N24883

1. Entity Name
LAKE IDA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**PO BOX 2758
DELRAY BEACH FL 33444**

Mailing Address
**PO BOX 2758
DELRAY BEACH FL 33444**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0129901**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GEFFE, DIANE M
1508 LAKE DR
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | CRUZ, MICHAEL | |
| STREET ADDRESS | 1510 N. SWINTON AVE. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | FOLEY, RENA | |
| STREET ADDRESS | 629 ELDORADO LN | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PEART, JOANN | |
| STREET ADDRESS | 107 NW 9 ST. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WELLS, JERRY | |
| STREET ADDRESS | 223 KINGS LYNN | |
| CITY-ST-ZIP | DELFRY BEACH FL 33444 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | EASTON, SUSAN | |
| STREET ADDRESS | 320 NW 11 ST. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KWASNIEWSKI, CHESTER | |
| STREET ADDRESS | 404 NW 13 ST | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRUZ, MICHAEL | |
| STREET ADDRESS | 1510 N. SWINTON AVE. | |
| CITY-ST-ZIP | DELRAY BEACH, FL | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MIYARES, RICARDO | |
| STREET ADDRESS | 1340 NW 3RD AVE | |
| CITY-ST-ZIP | DELRAY BEACH, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAGONNESE, RENA | |
| STREET ADDRESS | 904 LAKE SHORE DR. | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | |
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KWASNIEWSKI, CHESTER | |
| STREET ADDRESS | 404 NW 13 ST | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | |

12. 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 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:

RENA RAGONNESE

01-10-03

279-9448

CR2E037 (10/02)