

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90135 011 ****61.25

0045269

DOCUMENT # N24883

1. Corporation 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

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

FL

85 Zip Code

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	EICHAS, TERRY	
STREET ADDRESS	98 S.E. 6TH AVE, #@	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VP	<input checked="" 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	GEFFE, DIANE	
STREET ADDRESS	1508 LAKE DR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIMM, STEVE	
STREET ADDRESS	33 N.W. 12TH ST	
CITY-ST-ZIP	DELFY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, STEVE	
STREET ADDRESS	614 ENFIELD DR	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENNINGER, DAVE	
STREET ADDRESS	602 SUNSHINE AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Keith Humphries	
1.3 STREET ADDRESS	501 NW 11 Street	
1.4 CITY-ST-ZIP	Delray Beach, FL 33444	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Fitzsimmons	
2.3 STREET ADDRESS	602 Eldorado Lane	
2.4 CITY-ST-ZIP	Delray Beach, FL 33444	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Joann Pearl	
3.3 STREET ADDRESS	107 NW 9 Street	
3.4 CITY-ST-ZIP	Delray Beach, FL 33444	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Janet C. Bilodeau	
4.3 STREET ADDRESS	811 NW 4 Avenue	
4.4 CITY-ST-ZIP	Delray Beach FL 33444	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Susan Easton	
5.3 STREET ADDRESS	320 NW 11 Street	
5.4 CITY-ST-ZIP	Delray Beach, FL 33444	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert Geffe	
6.3 STREET ADDRESS	1508 Lake Drive	
6.4 CITY-ST-ZIP	Delray Beach, 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, with all other like empowered.

SIGNATURE:

Janet C. Bilodeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/99 (561) 243-4094

CR2E037 (11/98)