

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N24883**

1. Entity Name

LAKE IDA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

PO BOX 2758

DELRAY BEACH  
33444

FL

Mailing Address

PO BOX 2758

DELRAY BEACH  
33444

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0129901**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEFFE DIANE M  
1508 LAKE DRDELRAY BEACH  
33444

US

FL

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.

SIGNATURE

**05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GEFFE ROBERT	
STREET ADDRESS	1508 LAKE DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	EASTON SUSAN	
STREET ADDRESS	320 NW 11 ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input type="checkbox"/> Delete
NAME	BILODEAU JANET C	
STREET ADDRESS	811 NW 4 AVE.	
CITY-ST-ZIP	DELFY BEACH FL 33444	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEART JOANN	
STREET ADDRESS	107 NW 9 ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FITZSIMMONS JOHN	
STREET ADDRESS	602 ELDORADO LN	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUMPHRIES KEITH	
STREET ADDRESS	501 NW 11 ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWASNEWSKI CHESTER	
STREET ADDRESS	404 NW 13 ST	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS JERRY	
STREET ADDRESS	223 KINGS LYNN	
CITY-ST-ZIP	DELFY BEACH FL 33444	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEART JOANN	
STREET ADDRESS	107 NW 9 ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY RENA	
STREET ADDRESS	629 ELDORADO LN	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ MICHAEL	
STREET ADDRESS	1510 N. SWINTON AVE.	
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)(f), 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: MICHAEL CRUZ**

T

**05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)