2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# N24883

Entity Name: LAKE IDA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 2758
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

PO BOX 2758
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 65-0129901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	CRUZ, MICHAEL	
Address:	1510 N. SWINTON AVE.	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	S	( ) Delete
Name:	FOLEY, RENA	
Address:	629 ELDORADO LN	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	PD	( ) Delete
Name:	PEART, JOANN	
Address:	107 NW 9 ST.	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	WELLS, JERRY	
Address:	223 KINGS LYNN	
City-St-Zip:	DELFRY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	EASTON, SUSAN	
Address:	320 NW 11 ST.	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	KWASNIEWSKI, CHESTER	
Address:	404 NW 13 ST	
City-St-Zip:	DELRAY BEACH, FL 33444	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL CRUZ T 05/01/2002
Electronic Signature of Signing Officer or Director — Date