

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24883

FILED
May 25, 2005
Secretary of State

Entity Name: LAKE IDA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1191 N FEDERAL HWY
117
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1191 N FEDERAL HWY
117
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0129901 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: P () Delete
Name: CRUZ, MICHAEL
Address: 1510 N. SWINTON AVE
City-St-Zip: DELRAY BEACH, FL

Title: S () Delete
Name: MYARES, RICARDO
Address: 1340 NW 3RD AVE
City-St-Zip: DELRAY, FL

Title: PD () Delete
Name: PEART, JOANN
Address: 107 NW 9 ST.
City-St-Zip: DELRAY BEACH, FL 33444

Title: D (X) Delete
Name: WELLS, JERRY
Address: 223 KINGS LYNN
City-St-Zip: DELFRY BEACH, FL 33444

Title: D (X) Delete
Name: RAGONESE, RENA
Address: 9001 LAKE SHORE DR
City-St-Zip: DELRAY BEACH, FL 33444

Title: V () Delete
Name: KWASNIEWSKI, CHESTER
Address: 404 NW 13ST
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
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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

P

05/25/2005

Electronic Signature of Signing Officer or Director

Date