


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2007 8:00 am**  
**Secretary of State**

06-19-2007 90001 004 \*\*\*\*61.25

<b>DOCUMENT # N24883</b>	
1. Entity Name LAKE IDA PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 1191 N FEDERAL HWY 117 DELRAY BEACH FL 33483	Mailing Address 1191 N FEDERAL HWY 117 DELRAY BEACH FL 33483
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/06)

4. FEI Number 65-0129901	Applied For Not Applicable
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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: JoAnn Peart Street Address (P.O. Box Number is Not Acceptable): 107 N.W. 9th St City: Delray Bch FL Zip Code: 33444
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CRUZ, MICHAEL 1510 N. SWINTON AVE DELRAY BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	P JoAnn Peart 107 N.W. 9th St Delray Bch, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S MYARES, RICARDO 1340 NW 3RD AVE DELRAY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Sue Heglin 2012 N.W. 2nd Av Delray Bch, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PEART, JOANN 107 NW 9 ST. DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	V.P. David Elliott 733 Lake Shore Dr Delray Bch, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V KWASNIEWSKI, CHESTER 404 NW 13ST DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *JoAnn Peart* 7-14-07 561-276-8968