
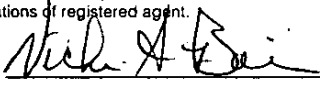
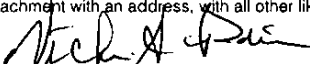


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90027 031 ****61.25

DOCUMENT # N38261 1. Entity Name LAKE IDLEWILD ESTATES OWNERS ASSOCIATION, INC.					
Principal Place of Business 4132 BAIR AVE FRUITLAND PARK, FL 34731				Mailing Address 4132 BAIR AVE FRUITLAND PARK, FL 34731	
2. Principal Place of Business - No P.O. Box # 4223 BAIR AVENUE		3. Mailing Address 4223 BAIR AVENUE		 01292008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FRUITLAND PARK, FL		City & State FRUITLAND PARK, FL			
Zip 34731	Country USA	Zip 34731	Country USA		
4. FEI Number 65-0199744				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMAN, THOMAS A 4132 BAIR AVE FRUITLAND PARK, FL 34731			7. Name and Address of New Registered Agent Name VICKI S. BAIR Street Address (P.O. Box Number is Not Acceptable) 4223 BAIR AVENUE City FRUITLAND PARK FL Zip Code 34731		
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 		VICKI S. BAIR		1/29/08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BAIR, STANLEY 4223 BAIR AVE FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, PATRICIA 4145 BAIR AVE FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAIR, VICKI 4223 BAIR AVR FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTIANSEN, CHRIS 4103 BERGEN HALL RD FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORENZE, BILL 4038 BERGEN HALL RD FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		VICKI S. BAIR		1/29/08 <small>Date</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		352-787-3445, EXT 23 <small>Daytime Phone #</small>	