

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714677 (2)
 1. Corporation Name
**LAKESIDE POINT APARTMENT NO. 8 ASSOCIATION, INC.
 , A CONDOMINIUM ASSOCIATION**



Principal Place of Business 2304 LAKE OSBORNE DRIVE LAKE WORTH FL 33461	Mailing Address 2304 LAKE OSBORNE DRIVE LAKE WORTH FL 33461-6801
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/29/1968	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2381378	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOUDE, LEANN V 1510 LEE COURT APT 11 LAKE WORTH FL 33461				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATLING DOROTHY		1.2 NAME		
STREET ADDRESS	2304 LAKE OSBORNE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EGNER, CAMEY		2.2 NAME		
STREET ADDRESS	2304 LAKE OSBORNE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTH, GEORGE W		3.2 NAME		
STREET ADDRESS	2304 LAKE OSBORNE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, ROY		4.2 NAME		
STREET ADDRESS	2304 LAKE OSBORNE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		4.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, EDITH		5.2 NAME		
STREET ADDRESS	2304 LAKE OSBORNE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 00000		5.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOUDE, LEANN V		6.2 NAME		
STREET ADDRESS	1510 LEE COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

SIGNATURE _____ DATE **4 25 97** FILING FEE **511.500 30-1**