

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 19 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2304 LAKE OSBORNE DRIVE LAKE WORTH FL 33461</b>	Mailing Address <b>2304 LAKE OSBORNE DRIVE LAKE WORTH FL 33461</b>
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3. Date Incorporated or Qualified  
**05/29/1968**

4. FEI Number  
**59-2381378**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**WOUDE, LEANN V  
1510 LEE COURT  
APT 11  
LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WATLING DOROTHY</b>		1.2 NAME <b>Metzler, James</b>	
STREET ADDRESS <b>2304 LAKE OSBORNE DR</b>		1.3 STREET ADDRESS <b>2304 LAKE OSBORNE DRIVE</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		1.4 CITY-ST-ZIP <b>LAKE WORTH, FL 33461</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EGNER, CAMEY</b>		2.2 NAME	
STREET ADDRESS <b>2304 LAKE OSBORNE DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROTH, GEORGE W</b>		3.2 NAME	
STREET ADDRESS <b>2304 LAKE OSBORNE DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRAY, ROY</b>		4.2 NAME	
STREET ADDRESS <b>2304 LAKE OSBORNE DR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH, FL 00000</b>		4.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALSH, EDITH</b>		5.2 NAME	
STREET ADDRESS <b>2304 LAKE OSBORNE DR</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH, FL 00000</b>		5.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WOUDE, LEANN V</b>		6.2 NAME	
STREET ADDRESS <b>1510 LEE COURT</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE WORTH FL</b>		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: \_\_\_\_\_

**3/16/98 561-5823889**

CFR2037 (10/97)