

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714677

1. Entity Name

LAKESIDE POINT APARTMENT NO. 8 ASSOCIATION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90063 017 ****61.25

Principal Place of Business

Mailing Address

2304 LAKE OSBORNE DRIVE
 LAKE WORTH FL 33461

2304 LAKE OSBORNE DRIVE
 LAKE WORTH FLA 33461-6801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2381378

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Mrs. Camey Egner

~~2304 Lake Osborne Dr~~ (Not Applicable)

Apt. 5

~~2304 Lake Osborne Dr~~

City Lake Worth

FL

Zip Code 33461

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.

SIGNATURE

Camey Egner

Camey Egner President

4/7/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WATLING DOROTHY	
STREET ADDRESS	2304 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	EGNER, CAMEY	
STREET ADDRESS	2304 LAKE OSBORNE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, ROY	
STREET ADDRESS	2304 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WOUE, LEANN V	
STREET ADDRESS	1510 LEE COURT	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D and VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Metzler D	
STREET ADDRESS	2304 Lake Osborne Dr	
CITY-ST-ZIP	Lake Worth Fl 33461	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Gray D	
STREET ADDRESS	2304 Lake Osborne Dr	
CITY-ST-ZIP	Lake Worth Fl 33461	

12. 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 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:

Camey Egner Camey Egner President

4/7/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)