

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90036 002 ****61.25



DOCUMENT # 714677
1. Entity 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**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

4. FEI Number: **59-2381378** Applied For: Not Applicable:

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



2nd MOORE CR2E037 (5/05)

6. Name and Address of Current Registered Agent: **EGNER, CAMEY 2304 LAKE OSBORNE DR APT 5 LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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

FILE NOW: FEE IS \$61.25 Due By September 7, 2005

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

Make Check Payable to Florida Department of State

| 10. TD OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---------------------------------------|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WATLING DOROTHY 2304 LAKE OSBORNE DR LAKE WORTH FL P <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EGNER, CAMEY 2304 LAKE OSBORNE DRIVE LAKE WORTH FL D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ROTH, GEORGE 2304 LAKE OSBORNE DR LAKE WORTH FL 33461 D <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 | METZLER, JAMES 2304 LAKE OSBORNE DR LAKE WORTH FL 33461 D <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RAJANIEMI, ELIAS 2304 LAKE OSBORNE DR LAKE WORTH FL 33461 D <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 | GRIMES, IRENE 2304 LAKE OSBORNE DR. LAKE WORTH FL 33461 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Dorothy Watling (Dorothy Watling)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

11. New Directors #714677 50059449

6. Illi, Aaro
2304 Lake Osborne Dr.
Lake Worth, Fl. 33461

D

7. Honka, Aune
2304 Lake Osborne Dr.
Lake Worth, Fl. 33461

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