

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 8 AM 9: 38

DOCUMENT # 770678 (1)

1. Corporation Name
LAKESIDE CONDOMINIUM ASSOCIATION NO. 8, INC.

Principal Place of Business Mailing Address
10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1983	3a. Date of Last Report 02/04/1994
4. FEI Number 59-2365045	Applied For Not Applicable
5. Certificate of Status Dealt <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

CUSTOM PROPERTY, MANAGEMENT I
2328 SO. CONGRESS AVENUE, SUITE 24
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT
NAME	FINKELSTEIN, LOUIS
STREET ADDRESS	10113 MANGROVE DR #102
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	PD
NAME	ROCHESTIE, SEYMOUR
STREET ADDRESS	10101 MANGROVE DR. #206
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD
NAME	MODELL, ADELINE
STREET ADDRESS	10113 MANGROVE DR #101
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	T
NAME	TEITELBAUM, IRVING
STREET ADDRESS	10107 MANGROVE DR., #103
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	D
NAME	ZOLTOWSKY, ALEX
STREET ADDRESS	10101 MANGROVE DR., #104
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MODELL, ADELINE	
1.3 STREET ADDRESS	10113 MANGROVE DR. #101	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
2.1 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FINKLESTEIN, LOUIS	
2.3 STREET ADDRESS	10113 MANGROVE DR #102	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
3.1 TITLE	ZOLTOWSKY, ALEX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10101 MANGROVE DR #104	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
4.1 TITLE	Schoenthal, Irene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	10107 MANGROVE DR #105	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SANDLER, BEVERLY	
5.3 STREET ADDRESS	10113 MANGROVE DR #204	
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Adeline G. Modell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/95 (407) 936-5908
Date Telephone #

ADELINE G. MODELL PRESIDENT