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Apr 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

DOCUMENT # 770678 (1)
1. Corporation Name

LAKESIDE CONDOMINIUM ASSOCIATION NO. 8, INC.



Principal Place of Business: 10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437
Mailing Address: 10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437-1310

3. Date Incorporated or Qualified: 10/11/1983
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 59-2365045 Applied For (Not Applicable)
5. Certificate of Status Desired: \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MODELL, ADELINE	
STREET ADDRESS	10113 MANGROVE DR #101	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FINKLESTEIN, LOUIS	
STREET ADDRESS	10113 MANGROVE DR #102	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ZOLTOWSKY, ALEX	
STREET ADDRESS	10101 MANGROVE DR #104	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHOENTHAL, ILENE	
STREET ADDRESS	10107 MANGROVE DR #105	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDLER, BEVERLY	
STREET ADDRESS	10113 MANGROVE DR #204	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP Ganeles, David
2.3 STREET ADDRESS	10107 Mangrove Dr. #204
2.4 CITY-ST-ZIP	Boynton Beach, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T Kupperman, Frank
3.3 STREET ADDRESS	10113 Mangrove Dr. #104
3.4 CITY-ST-ZIP	Boynton Beach, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Adeline S. Modell* 4-1-97 president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042526

CR2E037 (9/96)