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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

Mailing Address

10780 CEDAR POINT BLVD.
BOYNTON BEACH FL 33437

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

2a. Mailing Address

4. FEI Number
59-2365045

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$6.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME MODELL, ADELINE
STREET ADDRESS 10113 MANGROVE DR #101
CITY-ST-ZIP BOYNTON BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VT DELETE
NAME FINKLESTEIN, LOUIS
STREET ADDRESS 10113 MANGROVE DR #102
CITY-ST-ZIP BOYNTON BEACH FL

2.1 TITLE Change Addition
2.2 NAME VP Ganeles, David
2.3 STREET ADDRESS 10107 Mangrove Dr. #204
2.4 CITY-ST-ZIP Boynton Beach, FL

TITLE T DELETE
NAME ZOLTOWSKY, ALEX
STREET ADDRESS 10101 MANGROVE DR #104
CITY-ST-ZIP BOYNTON BEACH FL

3.1 TITLE Change Addition
3.2 NAME T Kupperman, Frank
3.3 STREET ADDRESS 10113 Mangrove Dr. #104
3.4 CITY-ST-ZIP Boynton Beach, FL

TITLE S DELETE
NAME SCHOENTHAL, ILENE
STREET ADDRESS 10107 MANGROVE DR #105
CITY-ST-ZIP BOYNTON BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME SANDLER, BEVERLY
STREET ADDRESS 10113 MANGROVE DR #204
CITY-ST-ZIP BOYNTON BEACH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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)