

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

3. Date incorporated or Qualified 10/11/1983		
4. FEI Number 59-2365045	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CUSTOM PROPERTY, MANAGEMENT I
2328 SO. CONGRESS AVENUE, SUITE 24
WEST PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MODELL, ADELINE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10113 MANGROVE DR #101	1.2 NAME	
STREET ADDRESS	BOYNTON BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP GANELES, DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10107 MANGROVE DR #204	2.2 NAME	
STREET ADDRESS	BOYNTON BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T KUPPERMAN, FRANK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10113 MANGROVE DR #104	3.2 NAME	
STREET ADDRESS	BOYNTON BCH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SCHOENTHAL, ILENE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10107 MANGROVE DR #105	4.2 NAME	
STREET ADDRESS	BOYNTON BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SANDLER, BEVERLY	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10113 MANGROVE DR #204	5.2 NAME	
STREET ADDRESS	BOYNTON BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5.5 NAME	D MIRIAM LEVINE
5.6 STREET ADDRESS	10101 MANGROVE DR. #105
5.7 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437

14. 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 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 Modell* 4/1/98 (561) 734-4511

CR2E037 (10/97)