

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770678 (1)**  
1. Corporation Name  
**LAKESIDE CONDOMINIUM ASSOCIATION NO. 8, INC.**



Principal Place of Business <b>10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437</b>	Mailing Address <b>10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437</b>
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3. Date incorporated or Qualified <b>10/11/1983</b>		
4. FEI Number <b>59-2365045</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MODELL, ADELINE	
STREET ADDRESS	10113 MANGROVE DR #101	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GANELES, DAVID	
STREET ADDRESS	10107 MANGROVE DR #204	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KUPPERMAN, FRANK	
STREET ADDRESS	10113 MANGROVE DR #104	
CITY-ST-ZIP	BOYNTON BCH 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 checked="" 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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	D MIRIAM LEVINE
5.3 STREET ADDRESS	10101 MANGROVE DR. #105
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
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 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)