FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90046 045 ****61.25

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DOCUMENT # 770678

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/11/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2365045 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____
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 NAME MODELL, ADELINE STREET ADDRESS 10113 MANGROVE DR #101 CITY-ST-ZIP BOYNTON BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME GANELES, DAVID STREET ADDRESS 10107 MANGROVE DR #204 CITY-ST-ZIP BOYNTON BCH FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME KUPPERMAN, FRANK STREET ADDRESS 10113 MANGROVE DR #104 CITY-ST-ZIP BOYNTON BCH FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME SCHOENTHAL, ILENE STREET ADDRESS 10107 MANGROVE DR #105 CITY-ST-ZIP BOYNTON BEACH FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME LEVINE, MIRIAM STREET ADDRESS 10101 MANGROVE DRIVE #105 CITY-ST-ZIP BOYNTON BEACH FL 33437	☒ DELETE	5.1 TITLE D 5.2 NAME JULES SACK 5.3 STREET ADDRESS 10107 MANGROVE DRIVE #101 5.4 CITY-ST-ZIP ~~BOYNTON BEACH, FL 33437~~	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Adeline Modell SIGNATURE REQUIRED Mar. 15, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)