

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 770678**

1. Entity Name

**LAKESIDE CONDOMINIUM ASSOCIATION NO. 8, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90039 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

10780 CEDAR POINT BLVD.  
 BOYNTON BEACH FL 33437

10780 CEDAR POINT BLVD.  
 BOYNTON BEACH FL 33437-1310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2365045**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	SACK, JULES	
STREET ADDRESS	10107 MANGROVE DR. #101	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKELSTEIN, LOUIS	
STREET ADDRESS	10113 MANGROVE DRIVE #102	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Adele Modell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/2000 (561) 736-5908*

Date

Daytime Phone #

CR2E037 (9/99)