

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:17

DOCUMENT # **N27328 (6)**
1. Corporation Name
LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC

Principal Place of Business Mailing Address
C/O TOUCHSTONE WEBB MGMT CO **C/O TOUCHSTONE WEBB MGMT CO**
5710 S DIXIE HWY STE A **5710 S DIXIE HWY STE A**
W PALM BEACH FL 33405 **W PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/08/1988** 3a. Date of Last Report **03/03/1994**
4. FEI Number **65-0091849** Applied For Not Applicable
5. Certificate of Status Desired **\$3.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SASANTA, KATHY WEBB
C/O TOUCHSTONE WEBB MANAGEMENT CO.
5710 S. DIXIE HWY STE A
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent
81 Name **Kathleen Webb Salata**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Kathy Webb Sasanta* DATE **3/22/95**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BALLING, TOM
STREET ADDRESS	4571 AMHERST DRIVE #99
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	S
NAME	MERLINO, ARLENE
STREET ADDRESS	4840 HOMSTEADWAY #41
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	GENTEMPO, PATRICK
STREET ADDRESS	4570 AMHERST DRIVE #85
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	P
NAME	GALLIVAN, BRENDA
STREET ADDRESS	45809 CHALLENGER WAY #73
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	Y
NAME	SHKINDER, FRED
STREET ADDRESS	4541 CHALLENGER WAY #66
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	STAVALE, CHARLIE
STREET ADDRESS	4551 DISCOVERY LANE #11
CITY - ST - ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William Price	
13 STREET ADDRESS	4521 Challenger Way, #72	
14 CITY - ST - ZIP	West Palm Beach, FL 33417	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Gina Locastro	
43 STREET ADDRESS	4580 Discovery Lane, #21	
44 CITY - ST - ZIP	West Palm Beach, Florida 33417	
51 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Fred Shkinder	
53 STREET ADDRESS	4541 Challenger Way, #66	
54 CITY - ST - ZIP	West Palm Beach, Florida 33417	
61 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Charlie Stavale	
63 STREET ADDRESS	4551 Discovery Lane #11	
64 CITY - ST - ZIP	West Palm Beach, FL 33417	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.07(3)(b), 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: *Fred Shkinder* DATE **3/2/95** (407) 547-4001
(Typed or printed name of signing officer or director) (Date) (Phone Number)