

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-896 B 910 C

DOCUMENT # **N27328 (6)**

1. Corporation Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC



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

3. Date Incorporated or Qualified: **07/08/1988**
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: **65-0091849**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SALATA, KATHLEEN 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 (81-85):
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 officer 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: *Kathleen Webb Salata* DATE: **2/5/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	NAME: PRICE, WILLIAM	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4521 CHALLENGER WAY #72	CITY-ST-ZIP: WEST PALM BEACH FL	12 NAME:	
TITLE: S	NAME: MERLINO, ARLENE	13 STREET ADDRESS:	
STREET ADDRESS: 4640 HOMSTEADWAY #41	CITY-ST-ZIP: WEST PALM BEACH FL	14 CITY-ST-ZIP:	
TITLE: D	NAME: GENTEMPO, PATRICK	21 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 4570 AMHERST DRIVE #85	CITY-ST-ZIP: WEST PALM BEACH FL	22 NAME: SD	
TITLE: D	NAME: LOCASTRO, GINA	23 STREET ADDRESS: JEAN DUFFY	
STREET ADDRESS: 4580 DISCOVERY LANE #21	CITY-ST-ZIP: W. PALM BEACH FL	24 CITY-ST-ZIP: 4580 CHALLENGER WAY #75	
TITLE: P	NAME: SHKINDER, FRED	25 CITY-ST-ZIP: WEST PALM BEACH, FL	
STREET ADDRESS: 4541 CHALLENGER WAY #66	CITY-ST-ZIP: WEST PALM BEACH FL	31 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: T	NAME: STAVALE, CHARLIE	32 NAME: D	
STREET ADDRESS: 4551 DISCOVERY LANE #11	CITY-ST-ZIP: WEST PALM BEACH FL	33 STREET ADDRESS: WILLIAM BURKE	
		34 CITY-ST-ZIP: 4520 DISCOVERY LANE #42	
		41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Wes Stavale* DATE: **2/1/96** (407) 547-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

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ADDENDUM TO NONPROFIT CORPORATION
1996 ANNUAL REPORT

DOCUMENT # 72196.3 (7)

JUNO BY THE SEA CONDOMINIUM ASSOCIATION, INC.

13. ADDITIONS TO OFFICERS AND DIRECTORS :

7.1 TITLE : D

7.2 NAME : KNEUER, GRACE

7.3 STREET ADDRESS : 541 LYRA CIRCLE

7.4 CITY-ST-ZIP : JUNO BEACH, FL 33409