

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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	
4. FEI Number 65-0091849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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 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 *Kathleen Webb Salata* DATE **2-23-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZELONE, MICHELE	1.2 NAME	
STREET ADDRESS	4539 AMHERST DRIVE, #89	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, JEAN	2.2 NAME	
STREET ADDRESS	4580 CHALLENGER WAY #75	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, WILLIAM	3.2 NAME	DORIS HARRIS
STREET ADDRESS	4520 DISCOVERY LANE #42	3.3 STREET ADDRESS	4540 AMHERST CIRCLE #104
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCASTRO, GINA	4.2 NAME	TERRY NUDERMAN
STREET ADDRESS	4580 DISCOVERY LANE #21	4.3 STREET ADDRESS	4541 DISCOVERY LANE #7
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFUS, IRVING	5.2 NAME	
STREET ADDRESS	4580 CHALLENGER WAY, #75	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAVALE, CHARLIE	6.2 NAME	WILLIAM BURKE
STREET ADDRESS	4551 DISCOVERY LANE #11	6.3 STREET ADDRESS	4520 DISCOVERY LANE #42
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417

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: *Diana Papp* 2/19/98 561-640-3279

CP2E037 (10/97)