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NONPROFIT CORPORATION ANNUAL REPORT 1999

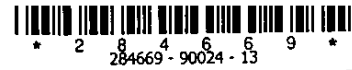


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27328

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/08/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0091849

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALATA, KATHLEEN WEBB
C/O TOUCHSTONE WEBB MANAGEMENT CO.
5710 S. DIXIE HWY STE A
WEST PALM BEACH FL 33405

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 DELETE
NAME PANZOLONE ANZELONE, MICHELE
STREET ADDRESS 4539 AMHERST DRIVE, #89
CITY-ST-ZIP WEST PALM BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME SD DUFFY, JEAN
STREET ADDRESS 4580 CHALLENGER WAY #75
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME VP HARRIS, DORIS
STREET ADDRESS 4540 AMHERST CIRCLE #104
CITY-ST-ZIP WEST PALM BEACH FL 33417

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME D NUDELMAN, JERRY
STREET ADDRESS 4541 DISCOVERY LANE #7
CITY-ST-ZIP W. PALM BEACH FL 33417

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME T WOLFUS, IRVING
STREET ADDRESS 4560 CHALLENGER WAY, #75
CITY-ST-ZIP WEST PALM BEACH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME D BURKE, WILLIAM
STREET ADDRESS 4520 DISCOVERY LANE #42
CITY-ST-ZIP WEST PALM BEACH FL 33417

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Michele Panzalone

3-30-99 547-4001

CR2E037-(1/198)