

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90047 034 \*\*\*\*61.25

**DOCUMENT # N27328**

1. Entity Name

**LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC**

Principal Place of Business

Mailing Address

~~C/O TOUCHSTONE WEBB MGMT CO  
 5710 S DIXIE HWY STE A  
 W PALM BEACH FL 33406~~

~~C/O TOUCHSTONE WEBB MGMT CO  
 5710 S DIXIE HWY STE A  
 W PALM BEACH FL 33406-3607~~

00030117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2328 So. Congress Ave  
 Suite Apt. #, etc. 1-C

2328 So. Congress Ave  
 Suite Apt. #, etc. 1-C

City & State

City & State

West Palm Beach, FL

West Palm Beach FL

4. FEI Number

65-0091849

Applied For

Not Applicable

Zip 33406

Country USA  
 Palm Beach

Zip 33406

Country USA  
 Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. 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 33406~~

Name **Banyan Property Management Services, Inc**  
 Street Address (P.O. Box Number is Not Acceptable) **2328 So. Congress Ave. Suite 1-C**  
 City **West Palm Beach FL** Zip Code **33406**

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

*Robert F. Rossi*  
 Signature, or printed name of registered agent and title if applicable  
**ROBERT F. ROSSI**

(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	P	<input type="checkbox"/> Delete
NAME	ANZOLONE, MICHELE	
STREET ADDRESS	4539 AMHERST DRIVE, #89	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUFFY, JEAN	
STREET ADDRESS	4580 CHALLENGER WAY #75	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, DORIS	
STREET ADDRESS	4540 AMHERST CIRCLE #104	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUDELMAN, JERRY	
STREET ADDRESS	4541 DISCOVERY LANE #7	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLFUS, IRVING	
STREET ADDRESS	4560 CHALLENGER WAY, #75	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, WILLIAM	
STREET ADDRESS	4520 DISCOVERY LANE #42	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flo Harris	
STREET ADDRESS	4580 Amherst Circle #84	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arlene Merlino	
STREET ADDRESS	4640 Homestead Way #41	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Bisogno	
STREET ADDRESS	4539 Amherst Circle # 88	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Pierce	
STREET ADDRESS	4581 Challenger Way #54	
CITY-ST-ZIP	West Palm Beach, FL 33417	
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		

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 attached document with an address, with a similar like empowered.

SIGNATURE:

*Michele Anzalone* President 3/6/00 689-0981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)