

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90706 038 ****61.25

DOCUMENT # N27328

1. Entity Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC

Principal Place of Business

Mailing Address

2328 SO CONGRESS AVE
 1-C
 WEST PALM BEACH FL 33406
 US

2328 SO CONGRESS AVE
 1-C
 WEST PALM BEACH FL 33406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0091849

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6- Name and Address of Current Registered Agent

7- Name and Address of New Registered Agent

BANYAN PROPERTY MGMT SERV, INC
 2328 SO CONGRESS AVE
 SUITE 1-C
 WEST PALM BEACH FL 33406

Name

ED Dicker

Street Address (P.O. Box Number is Not Acceptable)

Dicker, Krivok and Stoloff PA

1818 Australian Ave, S. Suite 400

City
West Palm Beach

FL

Zip Code

33409

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

Edward Dicker

Edward Dicker

5/2

Signature, typed or printed name of registered agent and title if applicable.

(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	PD	<input type="checkbox"/> Delete
NAME	ANZOLONE, MICHELE	
STREET ADDRESS	4539 AMHERST DRIVE, #89	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUFFY, JEAN	
STREET ADDRESS	4580 CHALLENGER WAY #75	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<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	TD	<input type="checkbox"/> Delete
NAME	WOLFUS, IRVING	
STREET ADDRESS	4560 CHALLENGER WAY, #75	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, FLO	
STREET ADDRESS	4580 AMHERST CIRCLE #84	
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	
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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 attachment with an address, with all other like empowered.

SIGNATURE:

Sammy Holmes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/02
478-8499

CR2E037 (9/01)