2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90008 020 ****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

40012037

01232008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4801 S. University Dr	4801 S University Dr
Suite, Apt. #, etc. STE 132	Suite, Apt. #, etc. Ste 132
City & State DAVIE, FL	City & State Davie, FL
Zip 33328 Country USA	Zip 33328 Country USA

4. FEI Number 65-0091849 ☐ Applied For ☐ Not Applicable

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
DICKER, ED DICKER, KRIVOK AND STOLOFF, PA 1818 AUSTRALIAN AVE S, STE 400 WEST PALM BEACH, FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANZOLONE, MICHELLE	NAME	
STREET ADDRESS	4539 AMHERST CIRCLE #89	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLLURA, BEVERLY	NAME	
STREET ADDRESS	4570 AMHERST DRIVE #87	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GALLIVAN, BRENDA	NAME	
STREET ADDRESS	4580 CHALLENGER WAY #73	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TORRES, BERNICE	NAME	
STREET ADDRESS	4560 AMHERST CIRCLE #105	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33417	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	D ☐ Change ☐ Addition
NAME	NUDELMAN, JERRY	NAME	JOYCE NUDELMAN
STREET ADDRESS	4541 DISCOVERY LANE #7	STREET ADDRESS	4541 DISCOVERY Lane #7
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	WEST PALM BEACH FL 33417
TITLE	D ☑ Delete	TITLE	D ☐ Change ☐ Addition
NAME	BAVARO, VINNY	NAME	ARLENE MERLINO
STREET ADDRESS	4579 AMHERST CIRCLE #95	STREET ADDRESS	4640 HomeSteadway # 41
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP	West Palm Bch, FL 33417

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 1/24/08 954 684 4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #