

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27328

**Entity Name:** LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC.**FILED**  
**Mar 25, 2015**  
**Secretary of State**  
**CC4240010901****Current Principal Place of Business:**ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH  
LAKE WORTH, FL 33461**Current Mailing Address:**ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US**FEI Number:** 65-0091849**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DICKER, KRIVOK AND STOLOFF, PA  
1818 S. AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH, FL 33409 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ANZOLONE, MICHELE
Address	4539 AMHERST CIRCLE # 89
City-State-Zip:	WEST PALM BEACH FL 33417

Title	VP
Name	COLLURA, BEVERLY
Address	4570 AMHERST DRIVE # 87
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	MERLINO, ARLENE
Address	4640 HOMESTEAD WAY # 41
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SECRETARY
Name	TORRES, BERNICE
Address	4560 AMHERST CIRCLE # 105
City-State-Zip:	WEST PALM BEACH FL 33417

Title	TREASURER
Name	GALLIVAN, BRENDA
Address	4580 CHALLENGER WAY # 73
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	STAVALE, ARLENE
Address	4551 DISCOVERY LANE # 11
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	BLUMENFELD, BARBARA
Address	4541 DISCOVERY LANE # 6
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	GREGORY, WEST
Address	1928 LAKE WORTH ROAD
City-State-Zip:	LAKE WORTH FL 33461

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHELE ANZOLONE****PRESIDENT****03/25/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date