2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27328

Entity Name: LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC.

Current Principal Place of Business:

C/O ALLIED PROPERTY MGMT GROUP 1711 WORTHINGTON ROAD #105 WEST PALM BEACH, FL 33490

Current Mailing Address:

C/O ALLIED PROPERTY MGMT GROUP 1711 WORTHINGTON ROAD #105 WEST PALM BEACH, FL 33490 US

FEI Number: 65-0091849

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

Officer/Director Detail :

Officer/Director Detail :					
Title	PRESIDENT	Title	VP		
Name	ANZOLONE, MICHELE	Name	COLLURA, BEVERLY		
Address	C/O ALLIED PROPERTY MGMT GROUP 1711 WORTHINGTON ROAD #105	Address	C/O ALLIED PROPERTY MGMT GROUP 1711 WORTHINGTON ROAD #105		
City-State-Zip:	WEST PALM BEACH FL 33490	City-State-Zip:	WEST PALM BEACH FL 33490		
Title	TREASURER	Title	SECRETARY		
Name	STAVALE, ARLENE	Name	TORRES, BERNICE		
Address	C/O ALLIED PROPERTY MGMT GROUP 1711 WORTHINGTON ROAD #105	Address	C/O ALLIED PROPERTY MGMT GROUP 1711 WORTHINGTON ROAD #105		
City-State-Zip:	WEST PALM BEACH FL 33490	City-State-Zip:	WEST PALM BEACH FL 33490		
Title	DIRECTOR	Title	DIRECTOR		
Name	MAGLIOZZI, NANCY	Name	BLUMENFELD, BARBARA		
Address	C/O ALLIED PROPERTY MGMT GROUP 1711 WORTHINGTON ROAD #105	Address	C/O ALLIED PROPERTY MGMT GROUP 1711 WORTHINGTON ROAD #105		
City-State-Zip:	WEST PALM BEACH FL 33490	City-State-Zip:	WEST PALM BEACH FL 33490		
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	04/21/2017
Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 21, 2017 Secretary of State CC3690841034

Certificate of Status Desired: No

Date