

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 017 ****61.25

DOCUMENT # 714677

1. Entity Name

**LAKESIDE POINT APARTMENT NO. 8 ASSOCIATION,
INC., A CONDOMINIUM ASSOCIATION**



Principal Place of Business

**2304 LAKE OSBORNE DRIVE
LAKE WORTH FL 33461**

Mailing Address

**2304 LAKE OSBORNE DRIVE
LAKE WORTH FL 33461**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2381378

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

**EGNER, CAMEY
2304 LAKE OSBORNE DR
APT 5
LAKE WORTH FL 33461**

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 is required when reinstating)

DATE

**FILE NOW: 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

TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	WATLING DOROTHY	
STREET ADDRESS	2304 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EGNER, CAMEY	
STREET ADDRESS	2304 LAKE OSBORNE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	METZLER, JAMES	
STREET ADDRESS	2304 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAJANIEMI, ELIAS	
STREET ADDRESS	2304 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMES, IRENE	
STREET ADDRESS	2304 LAKE OSBORNE DR.	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	HONKZ, AUNE	
STREET ADDRESS	2304 LAKE OSBORNE DR.	
CITY-ST-ZIP	LAKE WORTH FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary + D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Roth	
STREET ADDRESS	2304 Lake Osborne Dr.	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	Treasurer + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Watling	
STREET ADDRESS	same	
CITY-ST-ZIP		
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		
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 exemptions contained in Section 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: *Dorothy Watling (Dorothy Watling)*

(561) 588-9684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #