2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770678

FILED Jan 19, 2009 Secretary of State

Entity Name: LAKESIDE CONDOMINIUM ASSOCIATION NO. 8, INC.

Current Principal Place of Business: New Principal Place of Business:

10780 CEDAR POINT BLVD BOYNTON BEACH, FL 33437

Current Mailing Address: New Mailing Address:

10780 CEDAR POINT BLVD BOYNTON BEACH, FL 33437

FEI Number: 59-2365045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUSTOM PROPERTY, MANAGEMENT I 2328 SO. CONGRESS AVENUE, SUITE 24 WEST PALM BEACH, FL 33406

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MODELL, ADELINE ZUCKER, JEROME Name: Name: 10113 MANGROVE DR #101 Address: 10113 MANGROVE DR #106 Address: City-St-Zip: BOYNTON BEACH, FL City-St-Zip: BOYNTON BEACH, FL

Title: () Delete Title: (X) Change () Addition KUPFERMAN, FRANK Name: KUPFERMAN, FRANK Name: Address: 10113 MANGROVE DR #104 Address: 10113 MANGROVE DR #104

City-St-Zip: BOYNTON BCH, FL City-St-Zip: BOYNTON BCH, FL

Title: () Delete Title: **VPD** (X) Change () Addition ZUCKER, JEROME WOLFE, WILLIAM Name: Name:

10113 MANGROVE DR 105 10107 MANGROVE DR 205 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33437

(X) Change () Addition Title: () Delete Title: WOLFE, WILLIAM Name: Name: SACHS, PAULA

10107 MANGROVE DRIVE #205 10113 MANGROVE DRIVE #206 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Delete Title: (X) Change () Addition

SACHS, PAULA SCHWARTZ, GLADYS Name: Name: 10113 MANGROVE DRIVE #206 10107 MANGROVE DRIVE #101 Address: Address: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEROME ZUCKER PD 01/19/2009