FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:17

DOCUMENT # **N27328** **(6)**

1. Corporation Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC

Principal Place of Business	Mailing Address
C/O TOUCHSTONE WEBB MGMT CO 5710 S DIXIE HWY STE A W PALM BEACH FL 33405	C/O TOUCHSTONE WEBB MGMT CO 5710 S DIXIE HWY STE A W PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1988
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0091849 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$9.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SASANTA, KATHY WEBB
C/O TOUCHSTONE WEBB MANAGEMENT CO.
5710 S. DIXIE HWY STE A
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name: Kathleen Webb Salata
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kathy Webb Salata — 3/23/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	BALLING, TOM	12 NAME	William Price	
STREET ADDRESS	4571 AMHERST DRIVE #99	13 STREET ADDRESS	4521 Challenger Way, #72	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	West Palm Beach, Fl 33417	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	MERLINO, ARLENE	22 NAME		
STREET ADDRESS	4640 HOMSTEADWAY #41	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GENTEMPO, PATRICK	32 NAME		
STREET ADDRESS	4570 AMHERST DRIVE #85	33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	D	☒ Change ☐ Addition
NAME	GALLIVAN, BRENDA	42 NAME	Gina Locastro	
STREET ADDRESS	45809 CHALLENGER WAY #73	43 STREET ADDRESS	4580 Discovery Lane, #21	
CITY-ST-ZIP	W. PALM BEACH FL	44 CITY-ST-ZIP	West Palm Beach, Florida 33417	
TITLE	T	51 TITLE	P	☒ Change ☐ Addition
NAME	SHKINDER, FRED	52 NAME	Fred Shkinder	
STREET ADDRESS	4541 CHALLENGER WAY #66	53 STREET ADDRESS	4541 Challenger Way, #66	
CITY-ST-ZIP	WEST PALM BEACH FL	54 CITY-ST-ZIP	West Palm Beach, Florida 33417	
TITLE	D	61 TITLE	T	☒ Change ☐ Addition
NAME	STAVALE, CHARLIE	62 NAME	Charlie Stavale	
STREET ADDRESS	4551 DISCOVERY LANE #11	63 STREET ADDRESS	4551 Discovery Lane #11	
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP	West Palm Beach, FL 33417	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred S Shkinder — 3/2/95 — (407)547-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #