

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # N27328 (6)**  
1. Corporation Name  
**LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC**



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

3. Date Incorporated or Qualified <b>07/08/1988</b>
4. FEI Number <b>65-0091849</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent  
**SALATA, KATHLEEN 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 <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kathleen Webb Salata* **2-23-98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	ANZELONE, MICHELE
STREET ADDRESS	4539 AMHERST DRIVE, #89
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DUFFY, JEAN
STREET ADDRESS	4580 CHALLENGER WAY #75
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BURKE, WILLIAM
STREET ADDRESS	4520 DISCOVERY LANE #42
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LOCASTRO, GINA
STREET ADDRESS	4580 DISCOVERY LANE #21
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WOLFUS, IRVING
STREET ADDRESS	4580 CHALLENGER WAY, #75
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STAVALE, CHARLIE
STREET ADDRESS	4551 DISCOVERY LANE #11
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DORIS HARRIS
3.3 STREET ADDRESS	4540 AMHERST CIRCLE #104
3.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TERRY NUDMAN
4.3 STREET ADDRESS	4541 DISCOVERY LANE #7
4.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILLIAM BURKE
6.3 STREET ADDRESS	4520 DISCOVERY LANE #42
6.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417

14. I hereby certify that the information supplied with this filing 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: *Doris Harris* **2/19/98** **561-640-3279**

CR2E037 (10/97)