

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27328

1. Corporation Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC

Principal Place of Business

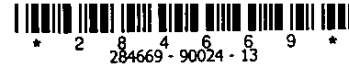
C/O TOUCHSTONE WEBB MGMT CO
5710 S DIXIE HWY STE A
W PALM BEACH FL 33405

Mailing Address

C/O TOUCHSTONE WEBB MGMT CO
5710 S DIXIE HWY STE A
W PALM BEACH FL 33405

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90024 013 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/08/1988

4. FEI Number

65-0091849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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 ☐ DELETE
NAME PANZOLONE
STREET ADDRESS ANZELONE, MICHELE
CITY-ST-ZIP 4539 AMHERST DRIVE, #89
WEST PALM BEACH FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS DUFFY, JEAN
CITY-ST-ZIP 4580 CHALLENGER WAY #75
WEST PALM BEACH FL

TITLE ☐ DELETE
NAME VP
STREET ADDRESS HARRIS, DORIS
CITY-ST-ZIP 4540 AMHERST CIRCLE #104
WEST PALM BEACH FL 33417

TITLE ☐ DELETE
NAME D
STREET ADDRESS NUDELMAN, JERRY
CITY-ST-ZIP 4541 DISCOVERY LANE #7
W. PALM BEACH FL 33417

TITLE ☐ DELETE
NAME T
STREET ADDRESS WOLFUS, IRVING
CITY-ST-ZIP 4560 CHALLENGER WAY, #75
WEST PALM BEACH FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS BURKE, WILLIAM
CITY-ST-ZIP 4520 DISCOVERY LANE #42
WEST PALM BEACH FL 33417

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/198)