

2001 UBR FORM BUSINESS REPORT (UBR)

DOCUMENT # N27328

1. Entity Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC

Principal Place of Business

2328 SO CONGRESS AVE
1-C
WEST PALM BEACH FL 33406
US

Mailing Address

2328 SO CONGRESS AVE
1-C
WEST PALM BEACH FL 33406
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BANYAN PROPERTY MGMT SERV, INC
2328 SO CONGRESS AVE
SUITE 1-C
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANZOLONE, MICHELE 4539 AMHERST DRIVE, #89 WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUFFY, JEAN 4580 CHALLENGER WAY #75 WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, DORIS 4540 AMHERST CIRCLE #104 WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUDELMAN, JERRY 4541 DISCOVERY LANE #7 W. PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFUS, IRVING 4560 CHALLENGER WAY, #75 WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, FLO 4580 AMHERST CIRCLE #84 WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Michelle Anzalone 4539 Amherst Cir #89 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HARRIS, DORIS E 4540 Amherst Cir #104 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Irving Wolfus 4560 Amherst Cir #108 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90069 035 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

0049677