

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27328

1. Entity Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC

Principal Place of Business

Mailing Address

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

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

4. FEI Number

65-0091849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
ED Dicker

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

Dicker, Krivok and Stoloff PA

1818 Australian Ave, S. Suite 400

City  
West Palm Beach

FL

Zip Code  
33409

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

Edward Dicker

Edward Dicker

5/4

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANZOLONE, MICHELE 4539 AMHERST DRIVE, #89 WEST PALM BEACH FL 33417	<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	VPD 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	TD WOLFUS, IRVING 4560 CHALLENGER WAY, #75 WEST PALM BEACH FL 33417	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

1/29/02 561  
478-8454

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90706 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)