

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27328

FILED
Mar 11, 2004
Secretary of State**Entity Name:** LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC.**Current Principal Place of Business:**2328 SO CONGRESS AVE
1-C
WEST PALM BEACH, FL 33406 US**New Principal Place of Business:****Current Mailing Address:**2328 SO CONGRESS AVE
1-C
WEST PALM BEACH, FL 33406 US**New Mailing Address:****FEI Number:** 65-0091849 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DICKER, ED
DICKER, KRIVOK AND STOLOFF, PA
1818 AUSTRALIAN AVE S, STE 400
WEST PALM BEACH, FL 33409 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: ANZOLONE, MICHELE
Address: 4539 AMHERST DRIVE, #89
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** D () Delete
Name: COLLURA, BEVERLY
Address: 4570 AMHERST DRIVE #87
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** VPD () Delete
Name: HARRIS, DORIS
Address: 4540 AMHERST CIRCLE #104
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** D () Delete
Name: NUDELMAN, JERRY
Address: 4541 DISCOVERY LANE #7
City-St-Zip: W. PALM BEACH, FL 33417**Title:** TD () Delete
Name: WOLFUS, IRVING
Address: 4560 CHALLENGER WAY, #75
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** SD () Delete
Name: HARRIS, FLORENCE
Address: 4580 AMHERST CIRCLE #84
City-St-Zip: WEST PALM BEACH, FL 33417**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ANZOLONE

PD

03/11/2004

Electronic Signature of Signing Officer or Director_____
Date

ROBERT PIERCE, DIRECTOR
4581 CHALLENGER WAY #54
WEST PALM BEACH, FL 33406