

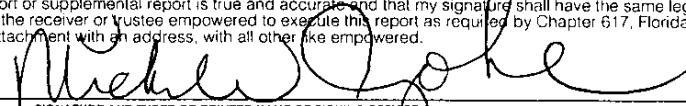


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90008 020 \*\*\*\*61.25

<b>DOCUMENT # N27328</b> 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 - No P.O. Box # 4801 S University Dr Suite, Apt. #, etc. STE 132 City & State DANIE, FL Zip 33328 Country USA		3. Mailing Address 4801 S University Dr Suite, Apt. #, etc. Ste 132 City & State DANIE, FL Zip 33328 Country USA		40012031  01232008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0091849 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. 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			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANZOLONE, MICHELLE 4539 AMHERST CIRCLE #89 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	VPD COLLURA, BEVERLY 4570 AMHERST DRIVE #87 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	TD GALLIVAN, BRENDA 4580 CHALLENGER WAY #73 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	SD TORRES, BERNICE 4560 AMHERST CIRCLE #105 W. 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	D NUDELMAN, JERRY 4541 DISCOVERY LANE #7 WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE NUDELMAN 4541 DISCOVERY LANE #7 WEST PALM BEACH FL 33417 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAVARO, VINNY 4579 AMHERST CIRCLE #95 WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLENE MERLINO 4640 Homestead way # 41 WEST Palm Bch, FL 33417 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			Date: 1/24/08 Daytime Phone: 954 684 4804		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					