

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27328

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 8, INC.

Current Principal Place of Business:

4801 S UNIV. DR STE 132
FORT LAUDERDALE, FL 33328 US

New Principal Place of Business:

1711 WORTHINGTON RD
SUITE 103
WEST PALM BEACH, FL 33409 US

Current Mailing Address:

4801 S UNIV. DR STE 132
1-C
FORT LAUDERDALE, FL 33328 US

New Mailing Address:

1711 WORTHINGTON RD
SUITE 103
WEST PALM BEACH, FL 33409 US

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, MICHELLE
Address: 4539 AMHERST CIRCLE #89
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD () Delete
Name: COLLURA, BEVERLY
Address: 4570 AMHERST DRIVE #87
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD () Delete
Name: GALLIVAN, BRENDA
Address: 4580 CHALLENGER WAY #73
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD () Delete
Name: TORRES, BERNICE
Address: 4560 AMHERST CIRCLE #105
City-St-Zip: W. PALM BEACH, FL 33417

Title: D () Delete
Name: NUDELMAN, JOYCE
Address: 4541 DISCOVERY LANE #7
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: MELINO, ARLENE
Address: 4640 HOMESTEAD WAY 41
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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 ANZALONE

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date