

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39607
1. Corporation Name
Lansing Island Homeowners Association, Inc

Principal Place of Business: 231 Lansing Island Dr. Indian Harbour Bch FL 32937
Mailing Address: PO Box 372453 Satellite Beach FL 32937

Amended

21	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
		8/20/90	59-3045663	Not Applicable
22	2b. Mailing Address	5. Certificate of Status Desired	6. Election Campaign Financing	Trust Fund Contribution
		<input type="checkbox"/>	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	2c. Mailing Address	6. Election Campaign Financing	Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	<input type="checkbox"/>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
David T. McWilliams 517B N. Harbor City Blvd Melbourne FL 32935		81 Name	Edward I. Scott
		82 Street Address (P.O. Box Number is Not Acceptable)	201 N. Riverside Drive
		83	
		84 City	Indianalantic FL 85 Zip Code 32903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David McWilliams	1.2 NAME	Alan El-Tobgui
STREET ADDRESS	517B N. Harbor City Blvd	1.3 STREET ADDRESS	117 Lansing Island Drive
CITY-ST-ZIP	Melbourne FL 32935	1.4 CITY-ST-ZIP	Indian Harbour Bch FL 32937
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Moss	2.2 NAME	John Cleland
STREET ADDRESS	47 W New Haven Ave #200	2.3 STREET ADDRESS	146 Lansing Island Drive
CITY-ST-ZIP	Melbourne FL 32901	2.4 CITY-ST-ZIP	Indian Harbour Bch FL 32937
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Moss	3.2 NAME	Eddie Scott
STREET ADDRESS	47 W New Haven Ave #200	3.3 STREET ADDRESS	214 Lansing Island Drive
CITY-ST-ZIP	Melbourne FL 32901	3.4 CITY-ST-ZIP	Indian Harbour Bch FL 32937
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Alan Bonn
STREET ADDRESS		4.3 STREET ADDRESS	213 Lansing Island Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Indian Harbour Bch FL 32937
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	700003082527 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	-12/28/99--01076--006
CITY-ST-ZIP		5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (321) 779-221 Daytime Phone #