

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39607

1. Entity Name

LANSING ISLAND HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90089 047 \*\*\*\*61.25

Principal Place of Business 1790 HIGHWAY A1A POST OFFICE BOX 372453 SATELLITE BEACH FL 32937-9453	Mailing Address 1790 HIGHWAY A1A POST OFFICE BOX 372453 SATELLITE BEACH FL 32937-0453
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3045663</b>	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  MCWILLIAMS, DAVID T. 517-B N. HARBOR CITY BOULEVARD MELBOURNE FL 32935	7. Name and Address of New Registered Agent Name <b>Neal McCulloh</b> Street Address (P.O. Box Number is Not Acceptable) <b>Clayton &amp; McCulloh</b> 1065 Maitland Center Commons Blvd. City <del>Orlando</del> <b>Maitland, FL</b> Zip Code <b>32751</b>
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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 DATE **04/18/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCWILLIAMS, DAVID T. 517-B N. HARBOR CITY BLVD. MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D El-Tobgui, Alan 117 Lansing Island Drive Indian Harbour Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOSS, SHIRLEY E. 47 W. NEW HAVEN AVE.#200 MELBOURNE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Boan, Alan 213 Lansing Island Drive Indian Harbour Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOSS, JOEL S. 47 W. NEW HAVEN AVE.#200 MELBOURNE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Scott, Eddie 214 Lansing Island Drive Indian Harbour Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barry, Ira 104 Lansing Island Drive Indian Harbour Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harrison, John 222 Lansing Island Drive Indian Harbour Beach, FL 32937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kirschner, Stan 738 Loggerhead Island Drive Satellite Beach, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Telemachos, Nicholas 148 Lansing Island Drive Indian Harbour Beach, FL 32937 <input type="checkbox"/> Change <input checked="" 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: DATE **4/13/00** TIME **7A-2251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)