

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90015 019 ****61.25

DOCUMENT # N39607

1. Entity Name

LANSING ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

231 LANSING ISLAND DR.
 INDIAN HARBOUR BEACH FL 32937

Mailing Address

~~P.O. BOX 372455~~
~~SATELLITE BEACH FL 32937~~
231 LANSING ISLAND DR
INDIAN HARBOUR BEACH,



2. Principal Place of Business

3. Mailing Address

231 Lansing Island Dr.
32937

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Indian Harbour Beach, FL

4. FEI Number **59-3045663**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32937

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCULLOH, NEAL
C/O CLAYTON & MCCULLOH
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name **CURTIS MOSLEY**
 Street Address (P.O. Box Number is Not Acceptable)
1221 E. NEW HAVEN AVE
 City **MELBOURNE** FL Zip Code **32901**

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

1-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EL-TOBGUI, ALAN	
STREET ADDRESS	117 LANSING ISLAND DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	BOAN, ALAN	
STREET ADDRESS	213 LANSING ISLAND DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCOTT, EDDIE	
STREET ADDRESS	214 LANSING ISLAND DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARRY, IRA	
STREET ADDRESS	104 LANSING ISLAND DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, JOHN	
STREET ADDRESS	222 LANSING ISLAND DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TELEMACHOS, NICHOLAS	
STREET ADDRESS	148 LANSING ISLAND DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, Michael	
STREET ADDRESS	128 LANSING ISLAND DR.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOAN, ALAN	
STREET ADDRESS	213 LANSING ISLAND DR.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOSHIER, ALAN	
STREET ADDRESS	136 LANSING ISLAND DR.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNS, Tom	
STREET ADDRESS	139 LANSING ISLAND DRIVE	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRASINSKI, Christopher	
STREET ADDRESS	119 LANSING ISLAND DR.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARACINO, Anthony	
STREET ADDRESS	120 LANSING ISLAND DR.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	

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:

SIGNATURE REQUIRED

1/24/2001

(321) 779-2251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)