

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90021 033 ****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

231 LANSING ISLAND DR.
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3045663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS
1221 E NEW HAVEN AVE
MELBOURNE FL 32901

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

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | DOWNES, TOM | |
| STREET ADDRESS | 139 LANSING ISLAND DRIVE | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | |
| TITLE | VP | |
| NAME | BANEY, RICHARD | |
| STREET ADDRESS | 133 LANSING ISLAND DR | |
| CITY-ST-ZIP | INDIAN HARBOUR BEACH FL 32937 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCOTT, EDDIE | |
| STREET ADDRESS | 214 LANSING ISLAND DRIVE | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | HALEY, JOHN | |
| STREET ADDRESS | 154 LANSING ISLAND DR | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KIRSDINER, STAN | |
| STREET ADDRESS | 738 LOGGERHEAD ISLAND DR | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ANTALO, VAUGHN | |
| STREET ADDRESS | 138 LANSING ISLAND DR | |
| CITY-ST-ZIP | SATELLITE BEACH FL 32937 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------|--|
| TITLE | Vinny Patel, T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 231 LIDR | |
| STREET ADDRESS | IHB FL 32937 | |
| CITY-ST-ZIP | | |
| TITLE | Joe Delaney | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 231 LT Drive | |
| STREET ADDRESS | IHB, FL 32937 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #