


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90007 043 ****61.25

DOCUMENT # N39607
 1. Entity Name
LANSING ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
231 LANSING ISLAND DR. **231 LANSING ISLAND DR.**
INDIAN HARBOUR BEACH FL 32937 **INDIAN HARBOUR BEACH FL 32937**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)

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, 2007

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	231 LANSING ISLAND DRIVE	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOTT, EDWARD	
STREET ADDRESS	231 LANSING ISLAND DRIVE	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY, HOWARD	
STREET ADDRESS	231 LANSING ISLAND DRIVE	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VINU, PATEL	
STREET ADDRESS	231 LI DRIVE	
CITY - ST - ZIP	IHB FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANEY, JOE	
STREET ADDRESS	231 LI DRIVE	
CITY - ST - ZIP	IHB FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	INFURNA, RICHARD	
STREET ADDRESS	231 LANSING ISLAND DRIVE	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL 32937	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	Robert Shapiro	
STREET ADDRESS	231 Lansing Island Dr	
CITY - ST - ZIP	Satellite Beach FL 32937	
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 exemptions contained in Section 119, 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 #