

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:11

DOCUMENT # **N40329 (7)**  
1. Corporation Name  
**LANSING RIDGE HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
P. O. BOX 361172  
SUITE 1008  
MELBOURNE FL 32936-1172  
US

3. Date Incorporated or Qualified **10/09/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3065278** Applied For  Not Applicable

2. Principal Place of Business 2b. Mailing Address  
21 **P.O. Box 361172** 26

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

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 City & State **MELBOURNE FLORIDA** 28 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

24 Zip **32936-1172** 25 Country **U.S.** 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent  
**KISS, EUGENE A  
2108 APPOLACHIAN DR  
SUITE 1000  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent  
81 Name **KISS, EUGENE A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2108 APPOLACHIAN DR.**  
83  
84 City **MELBOURNE** FL 85 Zip Code **32935**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Eugene A. Kiss **PRESIDENT** **1/27/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KISS, EUGENE A 2108 APPOLACHIAN DR MELBOURNE FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P KISS, EUGENE A 2108 APPALACHIAN DR MELBOURNE, FLORIDA 32936</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOPEZ, SAMUEL C. 2129 ROYAL POINCIOS MELBOURN FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V LOPEZ, SAMUEL C 2129 ROYAL POINCIANA BLVD. MELBOURNE, FLORIDA 32935</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR GIMMARTINO, PETER J. 2001 ADIRONACK CIR MELBOURN FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>TR GIMMARTINO, PETER J 2001 ADIRONACK MELBOURNE, FLORIDA 32935</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SE KEESACKER, MARK 2351 APPALACHIAN DR MELBOURN FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORKEN, GREG 2402 APPALACHIAN DR MELBOURN FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D FRANK LOGALBO 2551 APPALACHIAN DR. MELBOURNE, FLORIDA 32935</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RZEZNIK, MARK 2280 GRAND TETON BLVD MELBOURN FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Eugene A. Kiss **EUGENE A. KISS PRES.** **1/27/95** **254-7311**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Name #)

## LANSING RIDGE

WE HAVE TOTAL OF NINE DIRECTORS  
THESE ARE NAMES & ADDRESSES OF DIRECTORS  
NOT LISTED ON FORM.

1. ART HAMILTON - DIRECTOR  
2059 ALLEGHENY CIRCLE  
MELBOURNE, FLORIDA 32935
2. RICHARD MULHIG - DIRECTOR  
2340 GRAND TETON BLVD.  
MELBOURNE, FLORIDA 32935
3. PAT MULHIG - DIRECTOR  
2340 GRAND TETON BLVD.  
MELBOURNE, FLORIDA 32935

NOTE: STREETS WERE SPILLED WRONG & I  
MADE CORRECTIONS ON BLOCK 13  
ONE DIRECTOR RESIGNED (GREG MARRIN)  
REPLACED BY PAT MULHIG

*Eugene C. Kain*

P.S. BLOCK (2) PRINCIPAL PLACE OF BUSINESS IS  
CORRECT. WE DO NOT HAVE A SUITE #  
THIS WAS SUITE # OF DEVELOPER. WE ARE  
NO LONGER AFFILIATED WITH THEM