

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified **10/09/1990** 3a. Date of Last Report **02/01/1995**
4. FEI Number **59-3065278** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 25 Country 29 Country 30

9. Name and Address of Current Registered Agent
**KISS, EUGENE A.
2108 APPALACHIAN DR.
~~SUITE 1008~~
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISS, EUGENE A.	1.2 NAME	
STREET ADDRESS	2108 APPALACHIAN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, SAMUEL C.	2.2 NAME	MARK RZEZNIK
STREET ADDRESS	2129 ROYAL POINCIANA BLVD.	2.3 STREET ADDRESS	2260 GRAND TETON BLVD.
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE FL. 32935
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMMARTINO, PETER J.	3.2 NAME	
STREET ADDRESS	2001 ADIRONDACK	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	SE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEESACKER, MARK	4.2 NAME	
STREET ADDRESS	2351 APPALACHIAN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURN FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGALBO, FRANK	5.2 NAME	D. PAT MUHLIG
STREET ADDRESS	2551 APPALACHIAN DRIVE	5.3 STREET ADDRESS	2340 GRAND TETON BLVD.
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	MELBOURNE FLA. 32935
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RZEZNIK, MARK	6.2 NAME	D. ART HAMILTON
STREET ADDRESS	2260 GRAND TETON BLVD	6.3 STREET ADDRESS	2009 ALLEGITANEY
CITY-ST-ZIP	MELBOURN FL	6.4 CITY-ST-ZIP	MELBOURNE FLA. 32935

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 119.07(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** 1/17/96 407-264-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)