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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-22-1999 90135 036 ****61.25

DOCUMENT # N40329

1. Corporation Name
LANSING RIDGE HOMEOWNERS ASSOCIATION, INC.

98228 - 90135 - 36

Principal Place of Business
 P. O. BOX 361172
 MELBOURNE FL 32936-1172
 US

Mailing Address
 P O BOX 361172
 MELBOURN. FL
 MELBOURNE FL 32936-1172
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3065278	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KISS, EUGENE A. 2108 APPALACHIAN DR. SUITE 1000 MELBOURNE FL 32935				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 EUGENE A. KISS *Eugene A. Kiss* DATE 1/14/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISS, EUGENE A.	1.2 NAME	ANN MURATORE
STREET ADDRESS	2108 APPALACHIAN DR.	1.3 STREET ADDRESS	2560 GRAND TRON BLVD.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE FL 32936
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONELDRIGE	2.2 NAME	
STREET ADDRESS	2321 APPALACHIAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	FR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMMARTINO, PETER J.	3.2 NAME	EMIL ANTO LICK
STREET ADDRESS	2001 ADIRONDACK	3.3 STREET ADDRESS	2141 GRAND TRON BLVD
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA GRENTUS	4.2 NAME	BOB DODE
STREET ADDRESS	2140 CROUDTERN BLVD	4.3 STREET ADDRESS	2161 APPALACHIAN DR.
CITY-ST-ZIP	MELBOURN FL 32935	4.4 CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE CHERISHIAN	5.2 NAME	
STREET ADDRESS	2016 ADIRON DOCK CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ART	6.2 NAME	
STREET ADDRESS	2059 ALLEGHANAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: EUGENE A. KISS *Eugene A. Kiss* DATE 1/14/99 Daytime Phone # 254-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)