

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90098 011 ****61.25

DOCUMENT # N40329

1. Entity Name

LANSING RIDGE HOMEOWNERS ASSOCIATION, INC.

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

C0007190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3065278

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KISS, EUGENE A.
2108 APPALACHIAN DR.
~~SUITE 1000~~
MELBOURNE FL 32935

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.

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**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MURATORE, ANN	
STREET ADDRESS	2560 GROUDETTON BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DONELDRIGE	
STREET ADDRESS	2321 APPALACHIAN DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ANTOLICK, EMIL	
STREET ADDRESS	2141 GROUDETTON BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	S	<input type="checkbox"/> Delete
NAME	DADE, BOB	
STREET ADDRESS	2161 APPALALHLON DR	
CITY-ST-ZIP	MELBOURN FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVE CHERISHIAN	
STREET ADDRESS	2016 ADIRON DOCK CIR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATTLE, GLORIA	
STREET ADDRESS	2135 ROYAL POINCIANA AVE	
CITY-ST-ZIP	MELBOURNE FL 32955	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTLE, GLORIA V.P.	
STREET ADDRESS	2135 ROYAL POINCIANA BLVD.	
CITY-ST-ZIP	MELBOURNE, FL. 32935	
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	CHRIS DISCIASCIO D	
STREET ADDRESS	2262 APPALACHIAN DR.	
CITY-ST-ZIP	MELBOURNE FL. 32935	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER LEMAY D	
STREET ADDRESS	2005 ADIRON DOCK CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL. 32935	

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: Eugene Kiss PRESIDENT 01/08/2001 254-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0000010