


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

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90096 010 \*\*\*\*61.25

**DOCUMENT # N40329**  
 1. Entity Name  
**LANSING RIDGE HOMEOWNERS ASSOCIATION, INC.**



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



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

1st MOORE CR2E037 (10/06)

4. FEI Number **59-3065278**  
 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>WHYTE, BILL<br>2551 GRAND TETON BLVD<br>MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TR<br>FERNANDEZ, LUANA<br>2550 GRAND TETON BLVD<br>MELBOURNE FL 32935 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>BATTLE, GLORIA<br>2135 ROYAL DOINCIANA BLVD<br>MELBOURNE FL 32935 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>NORWOOD, NATHLIE<br>2341 GRAND TETON BLVD.<br>MELBOURN FL 32935 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>KISS, EUGENE A<br>2108 APPALACHIAN<br>MELBOURNE FL 32935 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>BAKER, JOHN<br>2131 APALACHIAN DRIVE<br>MELBOURNE FL 32935 <input type="checkbox"/> Delete                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | S<br>JANIS CURRY<br>2039 BLUE RING RD<br>MELBOURNE FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>PHILIP ROND<br>2382 APPALACHIAN DR.<br>MELBOURNE FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>AUMURATOR<br>2550 GRAND TETON BLVD<br>MELBOURNE FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |

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: *Eugene A. Kiss* **EUGENE A. KISS - PRESIDENT** 1-27-07 321-254-7911  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #