

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39607

Entity Name: LANSING ISLAND HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955**Current Mailing Address:**7145 TURNER ROAD SUITE 101
INDIAN HARBOUR BEACH, FL 32937 US**FEI Number:** 59-3045663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OMEGA COMMUNITY MANAGEMENT INC
7145 TURNER ROAD
SUITE 101
ROCKLEDGE, FL 32955 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------------------|
| Title | PRESIDENT |
| Name | MAGEE, CHRISTINA |
| Address | 7145 TURNER ROAD SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955 |

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|-----------------|-------------------------------|
| Title | VP |
| Name | GOLITKO, ED |
| Address | 7145 TURNER ROAD SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955 |

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|-----------------|-------------------------------|
| Title | SECRETARY |
| Name | BALDA, DAN |
| Address | 7145 TURNER ROAD SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955 |

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|-----------------|-------------------------------|
| Title | TREASURER |
| Name | MCNEIGHT, RICK |
| Address | 7145 TURNER ROAD SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955 |

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|-----------------|-------------------------------|
| Title | DIRECTOR |
| Name | ZAIDI, FARHAN |
| Address | 7145 TURNER ROAD SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955 |

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|-----------------|-------------------------------|
| Title | DIRECTOR |
| Name | OLSON, CRAIG |
| Address | 7145 TURNER ROAD SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955 |

| | |
|-----------------|-------------------------------|
| Title | DIRECTOR |
| Name | SULLIVAN, DAN |
| Address | 7145 TURNER ROAD SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAGEE , CHRISTINA**PRESIDENT****04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date