

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39607

Entity Name: LANSING ISLAND HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**231 LANSING ISLAND DR.
INDIAN HARBOUR BEACH, FL 32937**Current Mailing Address:**231 LANSING ISLAND DR.
INDIAN HARBOUR BEACH, FL 32937**FEI Number:** 59-3045663**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOSLEY, CURTIS
1221 E NEW HAVEN AVE
MELBOURNE, FL 32901 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	SAPOURN, MICHAEL
Address	231 LANSING ISLAND DR.
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	VP
Name	WIENER, ADAM
Address	231 LANSING ISLAND DRIVE
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	TREASURER
Name	GOLITKO, EDWARD
Address	231 LANSING ISLAND DRIVE
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	SECRETARY
Name	SUCHOCKI, PAUL
Address	231 LANSING ISLAND DRIVE
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	DIRECTOR
Name	SHUSTER, RICHARD
Address	231 LANSING ISLAND DRIVE
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	DIRECTOR
Name	ZAIDI, FARHAN
Address	231 LANSING ISLAND DR
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

Title	DIRECTOR
Name	SHAPIRO, ROBERT
Address	231 LANSING ISLAND DRIVE
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

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: EDWARD GOLITKO**TREASURER****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date