

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005818 (0)

1. Corporation Name

LANSING RIDGE II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~1333 GATEWAY DRIVE~~
~~SUITE 1000~~
MELBOURNE FL 32901
US

~~1333 GATEWAY DRIVE~~
~~SUITE 1000~~
MELBOURNE FL 32901
US

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 1688 W. Hibiscus Blvd.

2a. Mailing Address

26 1688 W. Hibiscus Blvd.

4. FEI Number

59-3155046

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, HUGH M JR.

~~1333 GATEWAY DRIVE~~
~~SUITE 1000~~
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1688 W. Hibiscus Blvd.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, I, 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.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME EVANS, HUGH M JR.
STREET ADDRESS ~~1333 GATEWAY DRIVE, SUITE 1000~~
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE DV
NAME SWANDA, LAURIE
STREET ADDRESS ~~1333 GATEWAY DRIVE, SUITE 1000~~
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE DT
NAME HOWELL, KATHLEEN
STREET ADDRESS ~~1333 GATEWAY DRIVE, SUITE 1000~~
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE S
NAME EVANS, ARTHUR F III
STREET ADDRESS ~~1333 GATEWAY DRIVE, SUITE 1000~~
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1688 W. Hibiscus Blvd.
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1688 W. Hibiscus Blvd.
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1688 W. Hibiscus Blvd.
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 1688 W. Hibiscus Blvd.
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)