

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000005818**

1. Corporation Name

**LANSING RIDGE II HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 362311  
MELBOURNE FL 32936-2311  
US

Mailing Address

P.O. BOX 362311  
MELBOURNE FL 32936-2311  
US

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90088 030 \*\*\*\*61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/30/1993

4. FEI Number

59-3155046

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**LECIC, DENNIS**  
**2409 WOLF CREEK DRIVE**  
**MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 PD  
NAME LUMING, DONALD  
STREET ADDRESS 2012 SIERRA ST  
CITY-ST-ZIP MELBOURNE FL 32935 ☒ DELETE

TITLE VD  
NAME CARTER, CHERYL  
STREET ADDRESS 2001 SIERRA ST  
CITY-ST-ZIP MELBOURNE FL 32935 ☒ DELETE

TITLE TD  
NAME LECIC, DENNIS  
STREET ADDRESS 2409 WOLF CREEK DRIVE  
CITY-ST-ZIP MELBOURNE FL 32935 ☐ DELETE

TITLE S  
NAME MADSEN, SONJA L  
STREET ADDRESS 2082 LANSING ST  
CITY-ST-ZIP MELBOURNE FL 32935 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Lecic Dennis  
1.3 STREET ADDRESS 2409 Wolf Creek Dr  
1.4 CITY-ST-ZIP Melbourne FL 32935

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Ronald Perkins  
2.3 STREET ADDRESS 1940 Blue Ridge Ave  
2.4 CITY-ST-ZIP Melbourne, FL 32935

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME Karen Winterheimer  
3.3 STREET ADDRESS 1934 Blue Ridge Ave  
3.4 CITY-ST-ZIP Melbourne, FL 32935

4.1 TITLE S ☒ Change ☐ Addition  
4.2 NAME Janet Autio  
4.3 STREET ADDRESS 2082 Lansing St  
4.4 CITY-ST-ZIP Melbourne, FL 32935

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

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

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

407-253-6097

Daytime Phone #

CR2E037 (11/98)