

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005818

1. Entity Name

LANSING RIDGE II HOMEOWNERS ASSOCIATION, INC.

**FILED**  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90119 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3155046

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECIK, DENNIS  
2409 WOLF CREEK DRIVE  
MELBOURNE FL 32935

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LECIK, DENNIS	
STREET ADDRESS	2409 WOLF CREEK DR.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SASSETTI, MICHEAL	
STREET ADDRESS	1955 BLUE RIDGE AVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AUTIO, JOHN	
STREET ADDRESS	2052 LANSING ST	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLEIN, PATRICIA	
STREET ADDRESS	2611 MOTT CREEK CT	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMNESS, ANTHONY	
STREET ADDRESS	2083 LANSING ST	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STONE, LISA	
STREET ADDRESS	2620 MOTT OAK CREEK CT	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Volz Robert	
STREET ADDRESS	2423 Wolf Creek Dr.	
CITY-ST-ZIP	Melby FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Legessey, Raymond D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2416 Wolf Creek Dr.	
CITY-ST-ZIP	Melbourne, FL 32935	

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael Sassetti* Michael Sassetti 4/21/02 321-752-9596

CR2E037 (9/01)