

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N93000005818</b> 1. Entity Name <b>LANSING RIDGE II HOMEOWNERS ASSOCIATION, INC.</b>						 <b>FILED</b> 05 OCT 14 PM 4:43 SECRETARY TALLAHASSEE, FL 32301 	
Principal Place of Business P.O. BOX 362311 MELBOURNE, FL 32936-2311 US				Mailing Address P.O. BOX 362311 MELBOURNE, FL 32936-2311 US			
2. Principal Place of Business <b>314 Laurie St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>314 Laurie St.</b> Suite, Apt. #, etc.		09282005 Chg-NP CR2E037 (10/03)			
City & State <b>Melbourne, FL</b> Zip <b>32935</b> Country <b>US</b>		City & State <b>Melbourne, FL</b> Zip <b>32935</b> Country <b>US</b>		4. FEI Number <b>59-3155046</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>AUTIO, JOHN</b> <b>2052 LANSING ST.</b> <b>MELBOURNE, FL 32935</b>			
7. Name and Address of New Registered Agent Name <b>Hill Accounting</b> Street Address (P.O. Box Number is Not Acceptable) <b>314 Laurie St.</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32935</b>				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Barbara Hepitax</i> <b>9-28-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ZARATE, CARLOS</b> <b>2457 WOLF CREEK DR.</b> <b>MELBOURNE, FL 32935</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>Jenny Battig</b> <b>2110 Buescher Hill</b> <b>Melbourne, FL 32935</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>FOX, HUGH</b> <b>2469 WOLF CREEK DR</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <b>Kim Satterfield</b> <b>1930 Blue Ridge Ave.</b> <b>Melbourne, FL 32935</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>GRAFER, JANE</b> <b>2473 WOLF CREEK DR</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Director <b>Barry Johnston</b> <b>2137 Lansing St.</b> <b>Melbourne, FL 32935</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WALKER, EDWARD</b> <b>1991 BLUE RIDGE AVE</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Connie Miller</b> <b>2005 Lansing St.</b> <b>Melbourne, FL 32935</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Roger TAYLOR, RODGER</b> <b>2002 BUSCHER HILL ST</b> <b>MELBOURNE, FL 32935</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Tammy Mygrant</b> <b>1919 Blue Ridge Ave</b> <b>Melbourne, FL 32935</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Dorothy Walsh</b> <b>2610 Mott Creek Ct.</b> <b>Melbourne, FL 32935</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <i>Constance L. Miller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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