## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300005818

## LANSING RIDGE II HOMEOWNERS ASSOCIATION, INC.

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**FILED** Apr 04, 2003 8:00 am § Secretary of State

04-04-2003 90129 013 \*\*\*\*61.25

		·			11.5						
P.O. BOX 3623 MELBOURNE F		Mailing Address P.O. BOX 362311 MELBOURNE FL 32936-231	. BOX 362311								
U\$		US					<b>11</b> 110 <b>11</b> 0 <b>11</b> 0 1				
2. Principal P	Place of Business	3. Mailing Address	failing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e ,	City & State	City & State			4. FEI Number 59-3155046 Applied For					
Zip	Country	Zip	ip Country			Not Applicable \$8.75 Additional					
			<u> </u>			5. Certificate of Status Desired Fee Required					
	6. Name and Address of Current	t Registered Agent		Name		7. Name and Add	ess of New Re	gistered A	jent	<del></del> _	-
LECIK, DENNIS						20.5					- -
2409 WC	OLF CREEK DRIVE		Street Address (			S (P.O. Box Number is Not Acceptable)  SPACE COAST PROPERTY MANAGEMENT  SORI					
	RNE FL 32935					1817 COOLING AVE. MELBOURNE, FL. 1203					
e e				City		MILLOUNIE, PL 1298	•	FL	Zip Cod	е	
	named entity submits this statement for	or the purpose of changing its	register	ed office o	r registere	ed agent, or both, in t	he State of Flori	da. I am fa	miliar with,	and accept	1
• the obligat	ions of registered agent.										
SIGNATURE .											
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registere	d Agent signat	ture required	when reinstating)		DATE			
								- 01- 1			7
I	FILE NOW: FEE IS \$61.25		Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
10.	OFFICERS AND D	BECTORS	11.		Α	ADDITIONS/CHANGE	S TO OFFICER	S AND DIR	CTORS IN	10	┨
TITLE	VD	☐ Delete	TITL	 E	<u> </u>	NO THOMAS OF THE SECOND	.5 10 011 1021		☐ Change	Addition	18
NAME	VOLZ, ROBERT	<del></del>	NAM	ΙE					_ •	_	13
STREET ADDRESS	2425 WOLF CREEK DR.			EET ADDRÉSS							1
CITY-ST-ZIP	MELBOURNE FL 32935		-	-ST-ZIP							اِيُّا لِـ يَوْ لِـ
TITLE NAME	TD   Sassetti, Micheal	☐ Delete	TITLI						☐ Change	☐ Addition	2
STREET ADDRESS	1955 BLUE RIDGE AVE			ET ADORESS							
CITY-ST-ZIP	MELBOURNE FL 32935		CITY	-ST-ZIP							
TITLE	PD	Delete	<u>TI</u> TL	E					Change	Addition	1_
NAME	AUTIO, JOHN		NAM								
STREET ADDRESS	2052 LANGING ST			ET ADDRESS							
CITY-ST-ZIP	MELBOURNE FL 32935 SD			-ST-ZIP			<del></del>			Tallican	┨
TITLE NAME	KLEIN, PATRICIA	☐ Delete	T!TLI NAM	E '	ViD.	-have Rox	iell .		☐ Change	Addition	
STREET ADDRESS	2611 MOTT CREEK CT			ET ADDRESS	246	I Wolf Cr	eel Dr	_			
CITY-ST-ZIP	MELBOURNE FL 32935		CITY	-ST-ZIP	me	-bara Ru 1 Wolf Cr 1 bairne, Fl	. 32939	5			
TITLE	D	Delete	TITLE	E	D	. 0	. 1 -		Change	Addition	]
NAME	CHAMNESS, ANTHONY	•	. NAM		2	Arate, Co	urios			•	
STREET ADDRESS CITY-ST-ZIP	2083 Lansing ST Melbourne FL 32935			ET ADDRESS - ST-ZIP	D Z Arate, Carlos 2453 Wolfcreek DR. Melbourne, FL 3293			2 <i>025</i>			
	D	Delete	_			CINCOIN C	, r L J .		☐ Change	Addition	+
TITLE NAME	LEGASSEY, RAYMOND	∟ Delete	TITLE NAM		D	Iker. En	vard		T cuanôs	Addition	
STREET ADDRESS	2416 WOLF CREEK DR.	•		ET ADDRESS	1991	Iker, EDU I Blue Rid I boukne,	ge Ave	nue			
CITY-ST-ZIP	MELBOURNE FL 32935		CITY	-ST-ZIP	me	1 DOURNE	FL 3	2935			
10 I barabus	portification information according to	be alle followed and a second for the			tod in Dee	-V 440 03(0\V) E			at a subject to		1

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.