

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12: 06

DOCUMENT # 764501 (3)

1. Corporation Name

THE NANCY LANE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% EARLE W ROSSITER
35 NANCY LANE
FORT MYERS BEACH FL 33931

% EARLE W ROSSITER
35 NANCY LANE
FORT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/09/1982** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-2184588** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

30 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

ROSSITER, EARLE W.
35 NANCY LANE
FT. MYERS BEACH FL 33931

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MINER, NILS**
STREET ADDRESS **17 NANCY LANE**
CITY - ST - ZIP **FT MYERS BEACH FL**

11 TITLE **President** Change Addition
12 NAME **Nils W. Miner**
13 STREET ADDRESS **17 Nancy Lane**
14 CITY - ST - ZIP **Ft. Myers Beach, FL 33931**

TITLE **D**
NAME **FLEMING, J. C.**
STREET ADDRESS **30 NANCY LANE**
CITY - ST - ZIP **FT MYERS BEACH FL**

21 TITLE **Vice-President** Change Addition
22 NAME **Raymond C. Heinold**
23 STREET ADDRESS **44 Nancy Lane**
24 CITY - ST - ZIP **Ft. Myers Beach, FL 33931**

TITLE **D**
NAME **ROSSITER, EARLE W.**
STREET ADDRESS **71 NANCY LANE**
CITY - ST - ZIP **FT MYERS BEACH FL**

31 TITLE **Secretary** Change Addition
32 NAME **Earle W. Rossiter**
33 STREET ADDRESS **71 Nancy Lane**
34 CITY - ST - ZIP **Ft. Myers Beach, FL 33931**

TITLE **TD**
NAME **JENSEN, MARIJANE**
STREET ADDRESS **31 NANCY LANE**
CITY - ST - ZIP **FT. MYERS BEACH FL**

41 TITLE **TD** Change Addition
42 NAME **Marijane Jensen**
43 STREET ADDRESS **31 Nancy Lane**
44 CITY - ST - ZIP **Ft. Myers Beach, FL 33931**

TITLE **SD**
NAME **PIERSON, WILLIAM**
STREET ADDRESS **62 NANCY LANE**
CITY - ST - ZIP **FT MYERS BEACH FL**

51 TITLE **D** Change Addition
52 NAME **Art Trowbridge**
53 STREET ADDRESS **16 Nancy Lane**
54 CITY - ST - ZIP **Ft. Myers Beach, FL 33931**

TITLE **VD**
NAME **JONES, HENRY M**
STREET ADDRESS **63 NANCY LANE**
CITY - ST - ZIP **FT MYERS BEACH FL**

61 TITLE **D** Change Addition
62 NAME **Julia Robinson**
63 STREET ADDRESS **66 Nancy Lane**
64 CITY - ST - ZIP **Ft. Myers Beach, FL 33931**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 199.032(4), 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: Marijane Jensen 4/3/95 813-463-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Marijane Jensen** Date **4/3/95** Division Office # **813-463-9070**