


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 03 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 33901 | | % EARLE W ROSSITER 35 NANCY LANE FORT MYERS BEACH FL 33901 | |
| 2. Principal Place of Business | 2a. Mailing Address | | |
| 21 | 26 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| 22 | 27 | | |
| City & State | City & State | | |
| 23 | 28 | | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

3. Date Incorporated or Qualified
08/09/1982

4. FEI Number
59-2184588

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | PD MINER, NILS | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 17 NANCY LANE | 1.2 NAME | |
| STREET ADDRESS | FT MYERS BEACH FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D STUTEVANT, ALLAN | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 13 NANCY LANE | 2.2 NAME | VD WADDELL, WILLIAM |
| STREET ADDRESS | FT MYERS BEACH FL | 2.3 STREET ADDRESS | 14 NANCY LANE |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | FT MYERS BEACH, FL |
| TITLE | SD ROSSITER, EARLE W. | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 71 NANCY LANE | 3.2 NAME | |
| STREET ADDRESS | FT MYERS BEACH FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | TD JENSEN, MARJANE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 31 NANCY LANE | 4.2 NAME | |
| STREET ADDRESS | FT. MYERS BEACH FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D TROWBRIDGE, ART | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 16 NANCY LANE | 5.2 NAME | |
| STREET ADDRESS | FT MYERS BEACH FL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | VD ROBINSON, JULIA | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 86 NANCY LANE | 6.2 NAME | D R JAMES MOORE |
| STREET ADDRESS | FT MYERS BEACH FL | 6.3 STREET ADDRESS | 48 NANCY LANE |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | FT. MYERS BEACH |

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.

SIGNATURE: *Marjane Jensen* 2/24/98 941-463-9070

CR2E037 (10/97)