


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90050 005 ****61.25

DOCUMENT # 764501					
1. Entity Name THE NANCY LANE ASSOCIATION, INC.					
Principal Place of Business 35 NANCY LANE FORT MYERS BEACH, FL 33931			Mailing Address 35 NANCY LANE FORT MYERS BEACH, FL 33931		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2184588	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, JOSEPH E ESQ 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000			Name PATRICIA NEWPORT		
			Street Address (P.O. Box Number Is Not Acceptable)		
			30 NANCY LANE		
			City FORT MYERS BEACH FL		Zip Code 33931
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>Patricia Newport</i>			Secretary Patricia A. Newport		3/27/05
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HART, BILL		NAME		
STREET ADDRESS	15 NANCY LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBRIGHT, LEONARD		NAME	ROBERT TURNER	
STREET ADDRESS	11750 BROADWAY CIRCLE		STREET ADDRESS	5 NANCY LANE	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, JANET.T.		NAME	JAMES FUNK	
STREET ADDRESS	58 NANCY LN		STREET ADDRESS	14 NANCY LANE	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, MARIJANE		NAME		
STREET ADDRESS	31 NANCY LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWPORT, PATRICIA		NAME		
STREET ADDRESS	30 NANCY LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGLE, LARRY		NAME		
STREET ADDRESS	72 NANCY LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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>Marijane Jensen</i>			MARIJANE JENSEN		3/29/05 239-463-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #