


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90020 021 ****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 | | 4. FEI Number 59-2184588 | |
| Applied For | | 03102006 Chg-NP CR2E037 (11/05) | | | |
| Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | | Country | | 6. Name and Address of Current Registered Agent | |
| Zip | | Country | | 7. Name and Address of New Registered Agent | |
| NEWPORT, PATRICIA 30 NANCY LANE FORT MYERS BEACH, FL 33931 | | | | Name Street Address (P.O. Box Number Is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 type="checkbox"/> Delete | TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TURNER, ROBERT | | NAME | | |
| STREET ADDRESS | 5 NANCY LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS BEACH, FL 33931 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FUNK, JAMES | | NAME | | |
| STREET ADDRESS | 14 NANCY LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS BEACH, FL 33931 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | JENSEN, MARIJANE | | NAME | HLADIK, JANET | |
| STREET ADDRESS | 31 NANCY LANE | | STREET ADDRESS | 1595 MAIN ST | |
| CITY-ST-ZIP | FT. MYERS BEACH, FL | | CITY-ST-ZIP | FT. MYERS BEACH, FL. 33931 | |
| 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 exemptions contained in Chapter 119, 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>Patricia Newport</i> | | Date: 3/13/06 | | Daytime Phone: 239-463-3722 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |