




**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90088 024 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
6. Name and Address of Current Registered Agent NEWPORT, PATRICIA 30 NANCY LANE FORT MYERS BEACH FL 33931				7. Name and Address of New Registered Agent 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: 		4/13/07		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HART, BILL	NAME	FOGLE, LARRY		
STREET ADDRESS	15 NANCY LANE	STREET ADDRESS	72 NANCY LANE		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	FORT MYERS BEACH, FL. 33931		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TURNER, ROBERT	NAME	NEWPORT, PATRICIA		
STREET ADDRESS	5 NANCY LANE	STREET ADDRESS	30 NANCY LANE		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	FORT MYERS BEACH, FL. 33931		
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FUNK, JAMES	NAME	PETERSON, JERI		
STREET ADDRESS	14 NANCY LANE	STREET ADDRESS	33 NANCY LANE		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	FORT MYERS BEACH, FL. 33931		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENSEN, MARIJANE	NAME	HART, JULIE		
STREET ADDRESS	31 NANCY LANE	STREET ADDRESS	15 NANCY LANE		
CITY-ST-ZIP	FT. MYERS BEACH FL	CITY-ST-ZIP	FORT MYERS BEACH, FL. 33931		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWPORT, PATRICIA	NAME	HLADIK, JAN		
STREET ADDRESS	30 NANCY LANE	STREET ADDRESS	73 NANCY LANE		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	FORT MYERS BEACH, FL. 33931		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOGLE, LARRY	NAME	HONISCH, EVA		
STREET ADDRESS	72 NANCY LANE	STREET ADDRESS	67 NANCY LANE		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	FORT MYERS BEACH, FL. 33931		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 