I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: PATTI WINTERS

Electronic Signature of Signing Officer/Director Detail

CC1892627913

03/17/2013

03/17/2013

Date

Certificate of Status Desired: No

7 agent, or both, in the State of Florida.

				00/11/20
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PD	Title	VD	
Name	SHAUL, RANDY	Name	ROBERTS, THOMAS SR	
Address	11595 KELLY ROAD #120-A	Address	11595 KELLY ROAD #120-A	
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908	
Title	SD	Title	TD	
Name	WINTERS, PATTI	Name	HLADIK, JANET	
Address	11595 KELLY ROAD #120-A	Address	11595 KELLY ROAD #120-A	
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908	

11595 KELLY ROAD #120-A FORT MYERS , FL 33908 U	
The above named entity submits	this statement for the purpose of changing its registered office or registered a
SIGNATURE: ELAINE	PIERRO

Current Principal Place of Business:

11595 KELLY ROAD #120-A FORT MYERS, FL 33908

DOCUMENT# 764501

Current Mailing Address:

15880 SUMMERLIN ROAD #300 **BOX 192** FORT MYERS, FL 33908 US

FEI Number: 59-2184588

Name and Address of Current Registered Agent:

Entity Name: THE NANCY LANE ASSOCIATION, INC.

TURNKEY ASSOCIATION MANAGEMENT LLC F