

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764078 (2)**  
 1. Corporation Name  
**NORTH SIDE ALLAN LANE, INC.**



Principal Place of Business		Mailing Address	
P O BOX 510054 PO BOX 54 MELBOURNE BEACH FL 32951-054 US		180 ALLAN LANE PO BOX 54 MELBOURNE BEACH FL 32951 US	
21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	23	27	28
	City & State		City & State
24	25	29	30
	Zip Country		Zip Country

3. Date Incorporated or Qualified	07/08/1982
4. FEI Number	59-2221563
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LINDE, AUDREY**  
**180 ALLAN LANE**  
**MELBOURNE BEACH FL 32951**

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		DELETED
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>LINDE, AUDREY</b>	
STREET ADDRESS	<b>180 ALLAN LN</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>WALTERS, WILHELMINA</b>	
STREET ADDRESS	<b>320 ALLAN LN</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>WINDZIGL, DOLORES</b>	
STREET ADDRESS	<b>250 ALLAN LANE</b>	
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>LEWIS, EMILY</b>	
STREET ADDRESS	<b>230 ALLAN LN</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>RAMIREZ, PETER</b>	
STREET ADDRESS	<b>300 ALLAN LANE</b>	
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>CHANEY, FRED</b>	
STREET ADDRESS	<b>200 ALLAN LANE</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Audrey M. Linde* **AUDREY M. LINDE 4-27-98 (407)729-7097**

CFR2037 (1097)