


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

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764078</b> 1. Entity Name <b>NORTH SIDE ALLAN LANE, INC.</b>					
Principal Place of Business <b>P O BOX 510054 PO BOX 54 MELBOURNE BEACH FL 32951-054 US</b>			Mailing Address <b>180 ALLAN LANE PO BOX 54 MELBOURNE BEACH FL 32951 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2221563</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LINDE, AUDREY 180 ALLAN LANE MELBOURNE BEACH FL 32951</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>LINDE, AUDREY</b> <b>180 ALLAN LN</b> <b>MELBOURNE BEACH FL</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>DRAPER, DONALD</b> <b>140 ALLAN LANE</b> <b>MELBOURNE BEACH FL 32951</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CLARK, WAYNE</b> <b>260 ALLAN LANE</b> <b>MELBOURNE BEACH FL 32951</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>PAZDERAK, SONA</b> <b>160 ALLAN LANE</b> <b>MELBOURNE BEACH FL 32951</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PERRY, CHRIS</b> <b>290 ALLAN LANE</b> <b>MELBOURNE BEACH FL 32951</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TRAFALIS, HARRY</b> <b>310 ALLAN LANE</b> <b>MELBOURNE BEACH FL 32951</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		<input type="checkbox"/> Change <input type="checkbox"/> Addition		



1st MOORE CR2E037 (10/06)

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:** Audrey Linde **AUDREY LINDE** 4-25-07 (32) 727-7236