

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# 764078

Entity Name: NORTH SIDE ALLAN LANE, INC.

Current Principal Place of Business:

P O BOX 510054
PO BOX 54
MELBOURNE BEACH, FL 32951054 US

New Principal Place of Business:

180 ALLAN LANE
MELBOURNE BEACH, FL 32951 US

Current Mailing Address:

180 ALLAN LANE
PO BOX 54
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

180 ALLAN LANE
MELBOURNE BEACH, FL 32951 US

FEI Number: 59-2221563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LINDE, AUDREY
Address: 180 ALLAN LN
City-St-Zip: MELBOURNE BEACH, FL

Title: P () Delete
Name: DRAPER, DONALD
Address: 140 ALLAN LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: CLARK, WAYNE
Address: 260 ALLAN LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S () Delete
Name: PAZDERAK, SONA
Address: 160 ALLAN LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: PERRY, CHRIS
Address: 290 ALLAN LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: TRAFALIS, HARRY
Address: 310 ALLAN LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AUDREY M LINDE

T

04/25/2009

Electronic Signature of Signing Officer or Director

Date