


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765297 (7)			
1. Corporation Name EMILY LANE ASSOCIATION, INC.			
Principal Place of Business 84 EMILY LANE FT MYERS BCH FL 33931		Mailing Address 84 EMILY LANE FT MYERS BCH FL 33931-2947	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/05/1982		3a. Date of Last Report 04/24/1996	
4. FEI Number 59-2220834		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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent KORP, WILLIAM R. 333 SOUTH TAMiami TRAIL VENICE 34285		10. Name and Address of New Registered Agent 81 Name RICHARD T. COTTER 82 Street Address (P.O. Box Number is Not Acceptable) 6100 ESTERO BLVD 83 84 City FT MYERS BEACH FL 85 Zip Code 33931	
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 <i>Richard T. Cotter</i> ATTY Richard T. Cotter Attorney DATE 4-17-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURMORT, JOHN G	1.2 NAME	RICHARD LONDON
STREET ADDRESS	58 EMILY LN	1.3 STREET ADDRESS	10 EMILY LANE
CITY-ST-ZIP	FT MYERS BCH FL	1.4 CITY-ST-ZIP	FT MYERS BCH FL
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, BETTY	2.2 NAME	ALAN BRIDGE
STREET ADDRESS	71 EMILY LANE	2.3 STREET ADDRESS	57 EMILY LANE
CITY-ST-ZIP	FT MYERS BCH FL	2.4 CITY-ST-ZIP	FT MYERS BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLESPIE, D. E	3.2 NAME	FRANK KUMNICK
STREET ADDRESS	27 EMILY LANE	3.3 STREET ADDRESS	35 EMILY LANE
CITY-ST-ZIP	FT. MYERS BE	3.4 CITY-ST-ZIP	FT MYERS BCH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LAUTER, DALE	4.2 NAME	
STREET ADDRESS	72 EMILY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JOHN F.	5.2 NAME	
STREET ADDRESS	39 EMILY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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: <i>John F. Kennedy</i> John F. Kennedy President 4-18-97 941-765-4852 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057186			



CR2E037 (9/96)