2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765297

FILED Mar 31, 2008 Secretary of State

Entity Name: EMILY LANE ASSOCIATION, INC.

() Delete

8048 N SANTA MONICA BLVD

FOX POINT, WI 53217 US

WORTH, BOB

Title:

Name:

Address: City-St-Zip:

Current Bringing Bloss of Business				Now Princ	New Principal Place of Puginess		
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
84 EMILY I FORT MYE	LANE ERS BEACH, FI	_ 33931	US				
Current Mailing Address:				New Maili	New Mailing Address:		
84 EMILY I FORT MYE	LANE ERS BEACH, FI	_ 33931	US				
FEI Number: 59-2220834 FEI Number Applied For () FEI I				FEI Number Not App	umber Not Applicable () Certificate of Statu		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
PAVESE L 1833 HENI FORT MYE	DRY STREET ERS, FL 33901	US					
	named entity so e of Florida.	ubmits this	s statement for the p	ourpose of changing i	ts register	ed office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				ent		Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I TRIBBLE, KEN 226 MIRAMAR S FORT MYERS B		3931 US	Title: Name: Address: City-St-Zip:	PD PIERZCH/ 54 EMILY FORT MYI		
Title: Name: Address: City-St-Zip:	VTD () I PIERZCHALA, JO 54 EMILY LANE FORT MYERS B		3931 US	Title: Name: Address: City-St-Zip:	33 EMILY	(X) Change () Addition , MARY ELLEN LANE ERS BEACH, FL 33931 US	
Title: Name: Address: City-St-Zip:	SD () I HAEFNER, JIM 63 EMILY LANE FORT MYERS B	Delete EACH, FL 3	3931 US	Title: Name: Address: City-St-Zip:	T HAEFNER 63 EMILY FORT MYI		

Title: SEC Title: () Delete () Change (X) Addition GRUBBER, JAY Name: Name: Address:

Address: 5121 ATLANTIC CT City-St-Zip: City-St-Zip: CAPE CORAL, FL 33904

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES E HAEFNER TRE 03/31/2008

() Change () Addition