

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N04908 (2)**  
1. Corporation Name  
**HELEN LANE ASSOCIATION, INC.**



Principal Place of Business  
**10 HELEN LN  
FT MYERS BCH FL 33931-2940  
US**

Mailing Address  
**10 HELEN LN  
FT MYERS BCH FL 33931-2940  
US**

3. Date Incorporated or Qualified **08/29/1984** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2562901</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MORTON, ROBERT G. 34 HELEN LANE FT MYERS BCH FL 33931</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORTON, ROBERT G.</b>	1.2 NAME	<b>SPANGENBERG, ALBERT</b>
STREET ADDRESS	<b>34 HELEN LANE</b>	1.3 STREET ADDRESS	<b>21 HELEN LN</b>
CITY-ST-ZIP	<b>FT MYERS BCH FL</b>	1.4 CITY-ST-ZIP	<b>FT. MYERS BCH, FL</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TASIOR, FRANCIS</b>	2.2 NAME	<b>GABRIELSON, WILMER</b>
STREET ADDRESS	<b>1 HELEN LANE</b>	2.3 STREET ADDRESS	<b>12 HELEN LN</b>
CITY-ST-ZIP	<b>FT MYERS BCH FL</b>	2.4 CITY-ST-ZIP	<b>FT. MYERS BCH, FL</b>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERTZ, SUE</b>	3.2 NAME	
STREET ADDRESS	<b>50 OYSTER BAY LN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPRON, BETTY J.</b>	4.2 NAME	
STREET ADDRESS	<b>11 HELEN LN.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDRESS, GEORGE</b>	5.2 NAME	
STREET ADDRESS	<b>3 HELEN LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>400001787384</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>-04/19/96--01057--012</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Betty J. Capron - **BETTY J. CAPRON** 4-16-96 941-454-0069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)