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Feb 28 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 # N04908 (2)

1. Corporation Name
HELEN LANE ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 08/29/1984
3a. Date of Last Report 04/19/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2562901	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MORTON, ROBERT G. 34 HELEN LANE FT MYERS BCH FL 33931				81	Name Duane Pierce			
				82	Street Address (P.O. Box Number is Not Acceptable) 27 Helen Lane			
				83				
				84	City	Ft. Myers Beach, FL	85	Zip Code 33931-2940

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: Duane Pierce DATE: 2-21-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, ROBERT G.	1.2 NAME	Duane Pierce
STREET ADDRESS	34 HELEN LANE	1.3 STREET ADDRESS	27 Helen Lane
CITY-ST-ZIP	FT MYERS BCH FL	1.4 CITY-ST-ZIP	Ft. Myers Bch., Fl.
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TASIOR, FRANCIS	2.2 NAME	Judy Wilson
STREET ADDRESS	1 HELEN LANE	2.3 STREET ADDRESS	29 Helen Lane
CITY-ST-ZIP	FT MYERS BCH FL	2.4 CITY-ST-ZIP	Ft. Myers Bch., Fl. 33931-2940
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERTZ, SUE	3.2 NAME	Wilmer Gabrielson
STREET ADDRESS	50 OYSTER BAY LN	3.3 STREET ADDRESS	12 Helen Lane
CITY-ST-ZIP	FT MYERS BCH FL	3.4 CITY-ST-ZIP	Ft. Myers Bch., Fl. 33931-2940
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRON, BETTY J.	4.2 NAME	
STREET ADDRESS	11 HELEN LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRESS, GEORGE	5.2 NAME	
STREET ADDRESS	3 HELEN LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGENBERG, ALBERT	6.2 NAME	
STREET ADDRESS	21 HELEN LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	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: Duane Pierce DATE: 2-3-97
Signature typed or printed name of signing officer or director

CR2E037 (9/96)