


FILE NOW: FILING FEE IS \$61.25

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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthary Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/29/1984	
4. FEI Number 59-2562901	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DUANE PIERCE
27 HELEN LANE
FT MYERS BCH FL 33931**

10. Name and Address of New Registered Agent

81 Name FRANCIS SIBLEY	
82 Street Address (P.O. Box Number is Not Acceptable) 51 OYSTER BAY LANE	
83	
84 City FT. MYERS BCH.	85 Zip Code FL 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 **Francis Sibley** *Francis Sibley* **2-18-98**

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	DUANE PIERCE	1.1 TITLE PP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUANE PIERCE	1.2 NAME	FRANCIS SIBLEY
STREET ADDRESS	27 HELEN LANE	1.3 STREET ADDRESS	51 OYSTER BAY LN.
CITY-ST-ZIP	FT MYERS BCH FL	1.4 CITY-ST-ZIP	FT. MYERS BCH, FLA. 33931-2939
TITLE VD	TASIOR, FRANCIS	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TASIOR, FRANCIS	2.2 NAME	WILMER GARRIBAYSON
STREET ADDRESS	1 HELEN LANE	2.3 STREET ADDRESS	12 HELEN LN.
CITY-ST-ZIP	FT MYERS BCH FL	2.4 CITY-ST-ZIP	FT. MYERS BCH, FLA. 33931-2940
TITLE TD	WERTZ, SUE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTZ, SUE	3.2 NAME	
STREET ADDRESS	50 OYSTER BAY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	3.4 CITY-ST-ZIP	
TITLE SD	JUDY WILSON	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY WILSON	4.2 NAME	
STREET ADDRESS	29 HELEN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH. FL	4.4 CITY-ST-ZIP	
TITLE D	ADDRESS, GEORGE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDRESS, 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 VD	SPANGENBERG, ALBERT	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	

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14. I 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: *Francis Sibley* **FRANCIS SIBLEY** **2-18-98** **4634172**

CR2E037 (10/97)