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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N04908

1. Corporation Name
HELEN LANE ASSOCIATION, INC.

541909 - 90322 - 27

Principal Place of Business Mailing Address

10 HELEN LN FT MYERS BCH FL 33901-2940 US

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2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified

21 Subts. Apt. #, etc. 26 Subts. Apt. #, etc. 08/29/1984

22 City & State 27 City & State 4. FEI Number Applied For

23 Zip Country 28 Zip Country 59-2562901 Not Applicable

24 25 29 30 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FRANCIS SIBLEY, FRANCIS
51 OYSTER BAY LANE
FT MYERS BCH FL 33931

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 *Francis Sibley* DATE **1-18-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIBLEY, FRANCIS	1.2 NAME	SUB PIERCE
STREET ADDRESS	51 OYSTER BAY LANE	1.3 STREET ADDRESS	27 HELEN LANE
CITY-ST-ZIP	FT MYERS BCH FL 33931	1.4 CITY-ST-ZIP	FT MYERS BCH, FL 33931
TITLE	0	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABRIENSON, WILMER	2.2 NAME	CLYDE PAIRO
STREET ADDRESS	12 HELEN LANE	2.3 STREET ADDRESS	39 HELEN LANE
CITY-ST-ZIP	FT MYERS BCH FL 33931	2.4 CITY-ST-ZIP	FT MYERS BCH, FL 33931
TITLE	TD	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERTZ, SUE	3.2 NAME	KRY ZELLER
STREET ADDRESS	50 OYSTER BAY LN	3.3 STREET ADDRESS	28 HELEN LANE
CITY-ST-ZIP	FT MYERS BCH FL	3.4 CITY-ST-ZIP	FT MYERS BCH, FL 33931
TITLE	SD	4.1 TITLE	
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	VD	5.1 TITLE	
NAME	SPANGENBERG, ALBERT	5.2 NAME	
STREET ADDRESS	21 HELEN LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Francis Sibley* SIGNATURE REQUIRED *Kry Zeller*

DATE: **4-27-99**

CR2037 (1/1988)