


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90025 039 \*\*\*\*61.25

<b>DOCUMENT # N04908</b> 1. Entity Name <b>HELEN LANE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>10 HELEN LN FT MYERS BCH FL 33931-2940 US</b>	Mailing Address <b>10 HELEN LN FT MYERS BCH FL 33931-2940 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>ADAMS, JOSEPH E 14241 METROPOLIS AVE SUITE 100 FT MYERS FL 33912-0000</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <span style="float: right;"><b>FL</b></span> Zip Code _____
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4. FEI Number <b>59-2562901</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph Adams* (NOTE: Registered Agent signature required when reinstating) DATE 2/2/04

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SIMON, GLENDA A <input type="checkbox"/> Delete	TITLE	DIABLOA, JORN GILBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	57 OYSTER BAY LN	STREET ADDRESS	28 HELEN LANE
CITY-ST-ZIP	FT MYERS BCH FL 33931	CITY-ST-ZIP	FT. MYERS Bch. FL. 33931
TITLE	CSD OBERG, MARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21 HELEN LANE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL 33931	CITY-ST-ZIP	
TITLE	TSD WERTZ, SUE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	50 OYSTER BAY LN	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BCH FL	CITY-ST-ZIP	
TITLE	D VAN NESCH, BERT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	41 HELEN LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	CITY-ST-ZIP	
TITLE	VPO LAYMAN, SHIRLEY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	54 OYSTER BAY LN	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sue H. Wertz* *Sue H. Wertz* 2-2-04 239-463-4652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #