

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90028 037 ****61.25



DOCUMENT # N04908
 1. Entity 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

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2562901** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADAMS, JOSEPH E
14241 METROPOLIS AVE
SUITE 100
FT MYERS FL 33912-0000

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	SIMON, GLENDA A 28 HELEN LANE FT MYERS BCH FL 33931	TITLE BOARD DIRECTOR	JOAN GILBERT 1400 BAYSIDE BLVD FT. MYERS BCHA, FL, 33931
TITLE RG	OBERG, MARY 21 HELEN LANE FT MYERS BCH FL 33931	TITLE NAME	
TITLE TSD	WERTZ, SUE 50 OYSTER BAY LN FT MYERS BCH FL	TITLE NAME	
TITLE VPD	LAYMAN, SHIRLEY 54 OYSTER BAY LN FT. MYERS BEACH FL 33931	TITLE NAME	
TITLE D	BROWN, BONNIE 63 OYSTER BAY LN FORT MYERS BEACH FL 33931	TITLE NAME	
TITLE D	OKELTON, HELEN 29 HELEN LN FORT MYERS BEACH FL 33931	TITLE NAME	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 A. Wertz* **1-30-06** (889) 463-4652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #