


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-12-2007 90112 038 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2562901		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>		DATE _____	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-STATE-ZIP	PD SIMON, GLENDA A 28 HELEN LANE FT MYERS BCH FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PAULUS SIBLEY 51 OYSTER BAY LANE FORT MYERS BEACH FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GILBERT, JOAN 11400 BAYSIDE BLVD FT MYERS BCH FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE PRES ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HELEN SKELTON 89 HELEN LANE FORT MYERS BEACH FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TSD WERTZ, SUE 50 OYSTER BAY LN FT MYERS BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIANE RISLEY 1 HELEN LANE FORT MYERS BEACH FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD LAYMAN, SHIRLEY 54 OYSTER BAY LN FT. MYERS BEACH FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROY ARATHUN 33 HELEN LANE FORT MYERS BEACH FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BROWN, BONNIE 63 OYSTER BAY LN FORT MYERS BEACH FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	BETTY CHOOIER DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BETTY CHOOIER 61 OYSTER BAY LANE FORT MYERS BEACH FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FRANCIS SIBLEY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUE WERTZ 50 OYSTER BAY LN, FT. MYERS BCH, FL 33931
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 trustee empowered to execute this report as required by Chapter 817, 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: <u>Diane Risley</u>		Date: <u>2/26/07</u> 239-463-6801	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	