


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90022 043 ****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		4. FEI Number 59-2562901	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLEY, PRAUSES <i>wrong</i>		NAME	SIBLEY FRANCIS	
STREET ADDRESS	51 OYSTER BAY LN		STREET ADDRESS	51 OYSTER BAY LN	
CITY-ST-ZIP	FT MYERS BCH FL 33931		CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, WREST HELEN		NAME		
STREET ADDRESS	29 HELEN LN		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BCH FL 33931		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISLEY, DIANE DIANE		NAME		
STREET ADDRESS	1 HELEN LN		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTHUN, ROY <i>Resigned</i>		NAME	BROWN BONNIE	
STREET ADDRESS	33 HELEN LN		STREET ADDRESS	63 OYSTER BAY LN	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931		CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, BETTY CLOUTIER BETTY		NAME		
STREET ADDRESS	61 OYSTER BAY LN		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		CITY-ST-ZIP		
TITLE	AD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTZ, SUE		NAME		
STREET ADDRESS	50 OYSTER BAY LN		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		CITY-ST-ZIP		



1st MOORE CR2E037 (10/07)

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: DIANE RISLEY DIANE RISLEY 239-463-6801