

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2009**  
**Secretary of State**

DOCUMENT# N04908

Entity Name: HELEN LANE ASSOCIATION, INC.

**Current Principal Place of Business:**

10 HELEN LN  
FT MYERS BCH, FL 339312940 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 HELEN LN  
FT MYERS BCH, FL 339312940 US

**New Mailing Address:**

FEI Number: 59-2562901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, JOSEPH E  
14241 METROPOLIS AVE  
SUITE 100  
FT MYERS, FL 339120000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIBLEY, FRANCIS  
Address: 51 OYSTER BAY LN  
City-St-Zip: FT MYERS BCH, FL 33931

Title: VP ( ) Delete  
Name: SKELTON, HELEN  
Address: 29 HELEN LN  
City-St-Zip: FT MYERS BCH, FL 33931

Title: SD ( ) Delete  
Name: RISLEY, DIANE  
Address: 1 HELEN LN  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete  
Name: BROWN, BONNIE  
Address: 63 OYSTER BAY LANE  
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: D ( ) Delete  
Name: CLOUTIER, BETTY  
Address: 61 OYSTER BAY LN  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete  
Name: WERTZ, SUE  
Address: 50 OYSTER BAY LN  
City-St-Zip: FORT MYERS BEACH, FL 33931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SKELTON, HELEN  
Address: 29 HELEN LAN  
City-St-Zip: FT MYERS BCH, FL 33931

Title: VPD (X) Change ( ) Addition  
Name: GABRIELSON, WILMER  
Address: 12 HELEN LN  
City-St-Zip: FT MYERS BCH, FL 33931

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE RISLEY

SD

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date