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FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712367** (2)
1. Corporation Name
THE BUILDING ASSOCIATION OF WINTER HAVEN, INC.



Principal Place of Business 3308 AVE W. NW P.O. BOX 2088 WINTER HAVEN FL 33883	Mailing Address 3308 AVE W. NW P.O. BOX 2088 WINTER HAVEN FL 33883-2088
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3. Date Incorporated or Qualified 04/28/1967	3a. Date of Last Report 04/08/1996
4. FEI Number 59-2347604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent SMURR, MARK 102 S COURT AUBURNDALE FL 33823	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGBEIN JR, CHARLES E	1.2 NAME	
STREET ADDRESS	120 PARKSIDE DR S E	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNELIS, HUGH J	2.2 NAME	VD RALPH DIAZ
STREET ADDRESS	6741 WINTER SET GARDEN RD	2.3 STREET ADDRESS	36 LAKE LINK CR.
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUBKA, HENRY	3.2 NAME	
STREET ADDRESS	50 GREENVIEW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, NORMAN	4.2 NAME	SD KURT J. TESH
STREET ADDRESS	587 14 ST NE	4.3 STREET ADDRESS	2700 WOODLAWN DR NW
CITY-ST-ZIP	WINTER HAVEN, FL 00000	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Langbein Jr (C. LANGBEIN JR) TREAS, 4/3/97 (941) 967-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054789

CR2E037 (9/96)