

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90082 011 ****61.25

DOCUMENT # 712367

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2347604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS L. NORTON
13 FISH HAVEN RD.
AUBURNDALE FL 33823

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE **TD** ☐ Delete
NAME **LANGBEIN JR, CHARLES E**
STREET ADDRESS **120 PARKSIDE DR S E**
CITY- ST- ZIP **WINTER HAVEN FL**

TITLE **PD** ☐ Delete
NAME **DIAZ, RALPH**
STREET ADDRESS **36 LAKE LINK CIR.**
CITY- ST- ZIP **WINTER HAVEN FL**

TITLE **VD** ☐ Delete
NAME **CRANSTON, MONTCAUM**
STREET ADDRESS **150 ORANGE BLOSSOM LN. S.**
CITY- ST- ZIP **WINTER HAVEN FL 33880**

TITLE **SD** ☐ Delete
NAME **FRY, ROBERT**
STREET ADDRESS **535 REFLECTIONS BLVD**
CITY- ST- ZIP **WINTER HAVEN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

12. I 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 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:

C.E. Langbein Jr Treas. **C.E. LANGBEIN JR.** 4/1/04 (863)324-6403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #