


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90124 015 \*\*\*\*61.25

<b>DOCUMENT # 712367</b> 1. Entity Name <b>THE BUILDING ASSOCIATION OF WINTER HAVEN, INC.</b>					
Principal Place of Business <b>3308 AVE W. NW P.O. BOX 2088 WINTER HAVEN FL 33883</b>		Mailing Address <b>3308 AVE W. NW P.O. BOX 2088 WINTER HAVEN FL 33883</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2347604</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THOMAS L. NORTON 13 FISH HAVEN RD. AUBURNDALE FL 33823</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>228 FISH HAVEN RD</b> City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANGBEIN JR, CHARLES E</b>		NAME		
STREET ADDRESS	<b>120 PARKSIDE DR S E</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIAZ, RALPH</b>		NAME		
STREET ADDRESS	<b>36 LAKE LINK CIR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CRANSTON, MONTCAUM</b>		NAME		
STREET ADDRESS	<b>150 ORANGE BLOSSOM LN. S.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>FRY, ROBERT</b>		NAME	<b>THOMAS L. NORTON</b>	
STREET ADDRESS	<b>535 REFLECTIONS BLVD</b>		STREET ADDRESS	<b>228 FISH HAVEN RD.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>		CITY-ST-ZIP	<b>AUBURNDALE, FL 33823</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>C.E. Langbein Jr</u> <b>C. E. LANGBEIN JR</b> <u>4/5/05</u> <u>(863)324-6403</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					