2007 ANNUAL REPORT (AR) IMPORTANT

DOCUMENT # 712367

1. Entity Name

THE BUILDING ASSOCIATION OF WINTER HAVEN, INC.

FILED
Apr 12, 2007 08:00 AM
Secretary of State

1st MOORE CR2E037 (10/06)

Principal Place of Business	Mailing Address
3308 AVE W. NW P.O. BOX 2088 WINTER HAVEN FL 33883	3308 AVE W. NW P.O. BOX 2088 WINTER HAVEN FL 33883

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2347604 — Applic / Not Ap

5. Certificate of Status Desired ☐ $8.75 Additior Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS L. NORTON 3991 LK NED CIR WINTER HAVEN FL 33884	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 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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of Stat

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGBEIN JR, CHARLES E 120 PARKSIDE DR S E WINTER HAVEN FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change U00000703255 04/20/07-80133-020 61.2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, RALPH 36 LAKE LINK CIR. WINTER HAVEN FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRANSTON, MONTCAUM 150 ORANGE BLOSSOM LN. S. WINTER HAVEN FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORTON, THOMAS L. 3991 LK NE CIR WINTER HAVEN FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change

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 i 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C E Langbein Jr CHARLES E. LANGBEIN JR. 4/9/07 (863)324-6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #