

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90192 030 ****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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMURR, MARK
102 S COURT
AUBURNDALE FL 33823**

(DECEASED)

7. Name and Address of New Registered Agent

Name

THOMAS L. NORTON

Street Address (P.O. Box Number is Not Acceptable)

13 FISH HAVEN RD.

City

AUBURNDALE

FL

Zip Code

33823

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

4/14/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	LANGBEIN JR, CHARLES E	
STREET ADDRESS	120 PARKSIDE DR S E	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ, RALPH	
STREET ADDRESS	36 LAKE LINK CIR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GLUBKA, HENRY	
STREET ADDRESS	50 GREENVIEW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRY, ROBERT	
STREET ADDRESS	535 REFLECTIONS BLVD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33884
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33884
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGOMERY, CRANSTON H.	
STREET ADDRESS	150 ORANGE BLOSSOM LN S.	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		33884
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

GIBBY, JEFFREY E. LANGBEIN JR 4/14/03 (863) 324-6403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)