

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N50766

1. Entity Name
BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.



Principal Place of Business
**4325 OLD HWY. 37
LAKELAND, FL 33813**

Mailing Address
**P.O. BOX 5714
LAKELAND, FL 33807**



07182006 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2977958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHRITTON, CHARLES P.
5300 S. FLORIDA AVE.
LAKELAND, FL 33813**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SPINDLER, JAMES
PO BOX 5714
LAKELAND, FL 33807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CHORMANN, ROBERT
PO BOX 5714
LAKELAND, FL 33807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WIZDA, EDMUND
1235 HEIDI LANE
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FISHER, TOM
P.O. BOX 5714
LAKELAND, FL 33807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUGAN, FELIX
P.O. BOX 5714
LAKELAND, FL 33807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

James Spindler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06
Date

Daytime Phone #