


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # N50766 1. Entity Name BUILDING ASSOCIATION OF LAKE LAND, FLORIDA, INC.	
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Principal Place of Business 4325 OLD HWY. 37 LAKE LAND, FL 33813	Mailing Address P.O. BOX 5714 LAKE LAND, FL 33807
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07252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2977958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CHRITTON, CHARLES P.
5300 S. FLORIDA AVE.
LAKE LAND, FL 33813

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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 _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000771336 08/03/07-80002-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPINDLER, JAMES PO BOX 5714 LAKE LAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHORMANN, ROBERT PO BOX 5714 LAKE LAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIZDA, EDMUND 1235 HEIDI LANE LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, TOM P.O. BOX 5714 LAKE LAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGAN, FELIX P.O. BOX 5714 LAKE LAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 8/1/07 867 646-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #