FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705693 (0)

1. Corporation Name

2505 BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.

Principal Place of Business	Mailing Address
2014 LAKELAND HILLS BLVD. POST OFFICE BOX 1173 LAKELAND FL 33802	2014 LAKELAND HILLS BLVD. POST OFFICE BOX 1173 LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1963
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2668398 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

SKOKAN, OTTO R.
1323 LAKE BONNY DR. WEST
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: SKOKAN, OTTO R
82 Street Address (P.O. Box Number is Not Acceptable): 1323 LAKE BONNY DR WEST
83
84 City: LAKELAND FL 85 Zip Code: 33801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ZEBROWSKY, TEDDY A.	1.2 NAME	
STREET ADDRESS	4129 MOONRAKER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SKOKAN, OTTO R	2.2 NAME	
STREET ADDRESS	1323 LK BONNY DRIVE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	FIRSICK, EUGENE J	3.2 NAME	WASILEWSKI DONALD S
STREET ADDRESS	1865 MASTERS LN	3.3 STREET ADDRESS	4647 KINGS POINT CT
CITY-ST-ZIP	LAKELAND FL 33709	3.4 CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	OBER, RICHARD J	4.2 NAME	
STREET ADDRESS	6639 PLANTATION RIDGE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, TOM	5.2 NAME	
STREET ADDRESS	6464 SAND PIPER'S DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	V.D. ☒ Change ☐ Addition
NAME	CHIMIELESKI, RAY	6.2 NAME	CHLUPSA, GUY
STREET ADDRESS	3828 LAZY LAKES DR.	6.3 STREET ADDRESS	1087 1/2 MISSISSIPPI AVE
CITY-ST-ZIP	LAKELAND FL 33813	6.4 CITY-ST-ZIP	LAKELAND FL 33803

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas D. Murphy Thomas D Murphy 3/9/95 (813) 859-6739
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #