

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 31 1996 8:00 am
Secretary of State

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1963	3a. Date of Last Report 03/15/1995
21		26		4. FEI Number 59-2668398	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ZEBROWSKY, TEDDY A.	1.2 NAME	PD
STREET ADDRESS	4129 MOONRAKER DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL	1.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D	2.2 NAME	
STREET ADDRESS	SKOKAN, OTTO R	2.3 STREET ADDRESS	
CITY-STATE-ZIP	1323 LK BONNY DRIVE W LAKELAND FL 33801	2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TD	3.2 NAME	
STREET ADDRESS	WASILEWSKI, DONALD S	3.3 STREET ADDRESS	
CITY-STATE-ZIP	4647 KINGS POINT CT LAKELAND FL	3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	D	4.2 NAME	
STREET ADDRESS	OBBER, RICHARD J	4.3 STREET ADDRESS	
CITY-STATE-ZIP	8839 PLANTATION RIDGE BLVD LAKELAND FL 33809	4.4 CITY-STATE-ZIP	
TITLE	☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	MURPHY, TOM	5.2 NAME	VICTOR J. TOMICH
STREET ADDRESS	6464 SAND PIPER'S DRIVE	5.3 STREET ADDRESS	314 GREENWOOD LN
CITY-STATE-ZIP	LAKELAND FL	5.4 CITY-STATE-ZIP	LAKELAND, FL. 33813
TITLE	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	VD	6.2 NAME	6063 CRAFTON DR
STREET ADDRESS	CHLUPSA, GUY	6.3 STREET ADDRESS	LAKELAND, FL 33809
CITY-STATE-ZIP	1037 1/2 MISSISSIPPI AVE LAKELAND FL	6.4 CITY-STATE-ZIP	

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)(k), 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: *OTTO R. Skokan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 741-682-2812
Date Daytime Phone #

CR2E037 (12/95)