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NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **705693**

1. Corporation Name

**2505 BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2014 LAKELAND HILLS BLVD.<br>POST OFFICE BOX 1173<br>LAKELAND FL 33802 | P O BOX 91331<br>LAKELAND FL 33804-1331<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 P.O. Box 91331 | 3. Date Incorporated or Qualifed<br>05/30/1963 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2668398 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 Lakeland, Fl | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 33804-331 Country 30 USA | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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

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

83

84 City **FL** 85 Zip Code

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 OTTO R. SKOKAN Otto R. Skokan 4-13-99
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 | D | ☐ DELETE | 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 | ☐ DELETE | 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 | TD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | CASTAGNARO, PAUL L | | 3.2 NAME | |
| STREET ADDRESS | 4119 GLISSON DR | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | OBER, RICHARD J | | 4.2 NAME | |
| STREET ADDRESS | 8639 PLANTATION RIDGE BLVD | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL 33809 | | 4.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOMICH, VICTOR J | | 5.2 NAME | |
| STREET ADDRESS | 314 GREENWOOD LANE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | | 5.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | LENTZ, RAYMOND H. | | 6.2 NAME | |
| STREET ADDRESS | 10000 US 98 N, LOT 109 | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

**SIGNATURE:** Teddy A. Zebrowsky 4/13/99 941 646-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Teddy A. Zebrowsky

CR2E037 (11/98)