

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705693

1. Entity Name

2505 BUILDING ASSOCIATION OF LAKE LAND, FLORIDA,

Principal Place of Business

2014 LAKE LAND HILLS BLVD.
POST OFFICE BOX 1173
LAKE LAND FL 33802

Mailing Address

P O BOX 91331
LAKE LAND FL 33804-1331
US

2. Principal Place of Business

2014 LAKE LAND HILLS BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE LAND, FL

City & State

Zip

33805

Country

USA

Country

4. FEI Number

59-2668398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

CASTAGNERO, PAUL L

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

4119 GLISSON DR

City

LAKE LAND

FL

Zip Code

33809

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASILEWSKI, DONALD 4647 KINGS POINTS CT LAKE LAND FL 33813	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKOKAN, OTTO R 1323 LK BONNY DRIVE W LAKE LAND FL 33801	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTAGNARO, PAUL L 4119 GLISSON DR LAKE LAND FL 33809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBER, RICHARD J 8639 PLANTATION RIDGE BLVD LAKE LAND FL 33809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFER, LERDY 622 W. WILLIAMS ST LAKE LAND FL 33805	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENTZ, RAYMOND H. 10000 US 98 N, LOT 109 LAKE LAND FL 33809	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINISCI, ROBERT J 1130 N. LAKE PARKER AVE APT B312 LAKE LAND, FL 33805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANZICA, ANTHONY P. 1130 N. LAKE PARKER AVE APT B315 LAKE LAND, FL 33805	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	☒ Change ☐ Addition

12. 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 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:

Paul L. Castagnaro

Paul L. CASTAGNERO

Date

1/31/01

Daytime Phone #

863-858-1740

CR2E037 (10/00)

0005520

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90139 037 *****61.25



DO NOT WRITE IN THIS SPACE