

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90020 015 \*\*\*\*61.25

**DOCUMENT # 719459**

1. Entity Name  
POLK COUNTY BUILDERS ASSOCIATION, INC.



Principal Place of Business  
2232 HERITAGE DR  
LAKELAND, FL 33801 US

Mailing Address  
2232 HERITAGE DR  
LAKELAND, FL 33801 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-1526445

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIVALA, BARBARA  
2232 HERITAGE DR  
LAKELAND, FL 33801

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
IPP  
HEATH, RONNIE  
PO BOX 5609  
WINTER HAVEN, FL 33880 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Tim Davis  
P.O. Box 5186  
Lakeland, FL 33807 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MAQUEIRA, AJ  
PO BOX 1660  
HIGHLAND CITY, FL 33846 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1st Vice President  
Bill Brantam  
924 Fairlane Dr. #5  
Lakeland, FL 33809 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VP  
HODGES, CARLTON  
1501 SHEPHERD RD 5  
LAKELAND, FL 33811 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2nd Vice President  
Roger Atherton  
602 Shaman Ct  
Winter Haven, FL 33880 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VP  
SPALDING, PAT  
PO BOX 960  
WINTER HAVEN, FL 33882 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary/Treasurer  
Brian Bierwagen  
1004 US Hwy 98 N  
Auburndale, FL 33823 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ED  
COULOMBE, SCOTT  
PO BOX 5994  
LAKELAND, FL 33803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Immediate Past President  
A.J. Magueira  
P.O. Box 1660  
Highland City, FL 33846 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PE  
DAVIS, TIM  
PO BOX 5186  
LAKELAND, FL 33807 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President Elect  
Carlton Hodges  
1501 Shepherd Rd  
Lakeland, FL 33811 ☒ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Coulombe ED 4/1/08 8636650844

Date

Daytime Phone #