

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90120 025 ****70.00

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DOCUMENT # 749852

1. Corporation Name

CENTRAL FLORIDA AREA POSTAL WORKERS UNION LAND &
BUILDING COMPANY, INC.

Principal Place of Business
919 NORTH PINE HILLS ROAD
ORLANDO FL 32808

Mailing Address
919 NORTH PINE HILLS ROAD
ORLANDO FL 32808



2. Principal Place of Business

21 915 N Pine Hills Rd

2a. Mailing Address

26 915 N Pine Hills Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip

24 32808

Country

25 USA

Zip

29 32808

Country

30 USA

3. Date Incorporated or Qualified

11/19/1979

4. FEI Number

59-2003697

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

William H. Lake

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

915 N Pine Hills Road

83

84 City

Orlando

FL

85 Zip Code

32808

9. Name and Address of Current Registered Agent

LAKE, WILLIAM H.
919 NORTH PINE HILLS ROAD
ORLANDO FL 32808

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

TITLE PD ☐ DELETE

NAME LAKE, WILLIAM
STREET ADDRESS 952 JUNIPER CT.
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D ☐ DELETE

NAME MARRA, FRANK P
STREET ADDRESS 2657 WHISPER LAKES CLUB CIR
CITY-ST-ZIP ORLANDO FL 32837

TITLE VD ☐ DELETE

NAME LYNCH, WILLIAM
STREET ADDRESS 340 LAKE POINT PLACE
CITY-ST-ZIP MERRITT ISLAND FL

TITLE STD ☐ DELETE

NAME SAIA, N J
STREET ADDRESS 1227 OVERLAKE AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)