

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 24, 2012
Secretary of State

DOCUMENT# 762282

Entity Name: CGC BUILDING ASSOCIATION, INC.**Current Principal Place of Business:**401 3RD ST SW
WINTER HAVEN, FL 33880**New Principal Place of Business:****Current Mailing Address:**17 LAKE LINK DRIVE
WINTER HAVEN, FL 33884 US**New Mailing Address:****FEI Number:** 59-2217214**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONNELL, ROBERT
17 LAKE LINK DRIVE SE
WINTER HAVEN, FL 33884 US**Name and Address of New Registered Agent:**CONNELL, ROBERT
17 LAKE LINK DRIVE ROBERT CONNELL
WINTER HAVEN, FL 33884 US

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:

04/24/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PRES
Name: CONNELL, ROBERT
Address: 17 LAKE LINK DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP
Name: WISSMAN, WILLIAM
Address: 719 RED CYPRESS LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: T
Name: NELSON, BOB
Address: P O BOX 521
City-St-Zip: HAINES CITY, FL 33845

Title: S
Name: MORRIS, BILLY BOB
Address: 401 THIRD STREET S.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D
Name: LEPERE, RICHARD D
Address: 2535 PARTRICH DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: PORTA, SALVATORE P
Address: 125 POE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT CONNELL

P

04/24/2012

Electronic Signature of Signing Officer or Director_____
Date