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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768501 (9)
1. Corporation Name
LODGE 2524 CORP.



Principal Place of Business Mailing Address
P.O. BOX 29 -1525ET 1203 WAYNE AVENUE
PORT ORANGE FL 32129 NEW SMYRNA BEACH FL 32168-6133

3. Date Incorporated or Qualified 05/18/1983 3a. Date of Last Report 03/19/1996

| | | | |
|--------------------------------|-----------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 05-0146696 | Applied For Not Applicable |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip Country | 28 Zip Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VITAGLIANO, NANCY
170 MAGNOLIA LOOP
DAYTONA BEACH FL 32124

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 *Nancy Vitagliano* NANCY VITAGLIANO 2-19-97
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 | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VITAGLIANO, NANCY | 1.2 NAME | |
| STREET ADDRESS | 170 MAGNOLIA LOOP | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SABATO, ANN | 2.2 NAME | JANET L. CATALANO |
| STREET ADDRESS | 3901 OAK CREST CIRCLE | 2.3 STREET ADDRESS | 1203 WAYNE AVENUE |
| CITY-ST-ZIP | PT. ORANGE FL | 2.4 CITY-ST-ZIP | NEW SMYRNA BEACH, FL. 32168 |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CATALANO, VINCENT | 3.2 NAME | |
| STREET ADDRESS | 1203 WAYNE AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CATALANO, JANET | 4.2 NAME | ANN SABATO |
| STREET ADDRESS | 1203 WAYNE AVE. | 4.3 STREET ADDRESS | 3901 OAK CREST CIRCLE |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 4.4 CITY-ST-ZIP | PORT ORANGE, FL. 32119 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANETTI, FRED | 5.2 NAME | YOLANDA TROPEA |
| STREET ADDRESS | 2571 CORAL WAY E. | 5.3 STREET ADDRESS | 3255 SOUTH ATLANTIC |
| CITY-ST-ZIP | DAYTONA BCH SHRS. FL | 5.4 CITY-ST-ZIP | DAYTONA BEACH, FL. |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TROPEA, PATRICK | 6.2 NAME | |
| STREET ADDRESS | 3255 SOUTH ATLANTIC | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Vincent P. Catalano* VINCENT P. CATALANO 2-19-97 904-423-7508
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (9/96)