


FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768501** (9)  
1. Corporation Name  
**LODGE 2524 CORP.**

Principal Place of Business <b>P.O. BOX 29 -1525ET PORT ORANGE FL 32129</b>	Mailing Address <b>1203 WAYNE AVENUE NEW SMYRNA BEACH FL 32168</b>
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3. Date Incorporated or Qualified <b>05/18/1983</b>	
4. FEI Number <b>05-9146696</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**VITAQUANO, NANCY  
170 MAGNOLIA LOOP  
DAYTONA BEACH FL 32124**

10. Name and Address of New Registered Agent

81 Name <b>PATRICK TROPEA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3255 SOUTH ATLANTIC</b>
83 <b>DAYTONA BEACH, FL. 32127</b>
84 City <b>FL</b> 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 *Patrick Tropea* **PATRICK TROPEA** 2-25-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VITAQUANO, NANCY	
STREET ADDRESS	170 MAGNOLIA LOOP	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CATALANO, JANET L.	
STREET ADDRESS	1203 WAYNE AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CATALANO, VINCENT	
STREET ADDRESS	1203 WAYNE AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SABATO, ANN	
STREET ADDRESS	3901 OAK CREST CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TROPEA, YOLANDA	
STREET ADDRESS	3255 S. ATLANTIC	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROPEA, PATRICK	
STREET ADDRESS	3255 SOUTH ATLANTIC	
CITY-ST-ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATRICK TROPEA	
1.3 STREET ADDRESS	3255 SOUTH ATLANTIC	
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL. 32127	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOSEPH CIRONE	
4.3 STREET ADDRESS	746 ROLLING HILLS DRIVE	
4.4 CITY-ST-ZIP	DAYTONA BEACH, FL. 32119	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FRANK FIORE	
6.3 STREET ADDRESS	2519 MILTON	
6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	

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.

SIGNATURE: *Vincent P. Catalano* **VINCENT P. CATALANO** 2/25/98 904-423-2546

CR2E037 (10/97)