2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90190 034 ****61.25

DOCUMENT # 768501

1. Entity Name
LODGE 2524 CORP.

Principal Place of Business	Mailing Address
3938 S. ATLANTIC AVE. DAYTONA BEACH, FL 32127	3938 S. ATLANTIC AVE. DAYTONA BEACH, FL 32127

01132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
329 WILDER BLVD	
Suite/Apt. #, etc. APT C302	Suite, Apt. #, etc.
City & State DAYTONA BEACH FL	City & State
Zip 32114 Country	Zip Country

4. FEI Number 05-9146696 ☐ 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
ANCONA, LEONARD JR 3938 S. ATLANTIC AVE. DAYTONA BEACH, FL 32127	Name VITO RECINE Street Address (P.O. Box Number is Not Acceptable) 329 WILDER BLVD C302 City DAYTONA BEACH FL Zip Code 32114

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, 2006

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	PD ANCONA, LEONARD JR 3938 S ATLANTIC AVE DAYTONA BEACH, FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VITO RECINE 329 WILDER BLV C302 DAYTONA BEACH, FL 32114	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RECINE, VITO 329 WILDER BLVD C302 DAYTONA BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ANTHONY ALASTRA 842 WILDWOOD CIRCLE PORT ORANGE, FL 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD ARO, ALBERT JR 109 SURFBIRD DAYTONA BEACH, FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD LOU ROSA 1685 TOWN PARK DRIVE PORT ORANGE, FL 32127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRD DEBRA, GARREAU 969 SMOKERISE BLVD PORT ORANGE, FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRD EDA ANCONA 3938 S ATLANTIC AVE DAYTONA BEACH, FL 32127	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANNI, DEBRA 1685 TOWN PARK DR PORT ORANGE, FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMIERI, FRANK 6467 RENAISSANCE DR. PORT ORANGE, FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Vito Recine VITO RECINE 1-18-06 386-255-3687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #