2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90020 019 ****61.25

DOCUMENT # 768501

1. Entity Name
LODGE 2524 CORP.

40054958

Principal Place of Business	Mailing Address
329 WILDER BLVD APT C302 DAYTONA BEACH, FL 32114	329 WILDER BLVD. C302 DAYTONA BEACH, FL 32114

03182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6347 Palmas Bay Circle	
Suite, Apt. #, etc.	
City & State: Port Orange, FL	City & State:
Zip: 32129 Country: USA	Zip: 32115 Country: USA

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
RECINE, VITO 329 WILDER BLVD C302 DAYTONA BEACH, FL 32114	Name: ANTHONY ALASTRA Street Address (P.O. Box Number is Not Acceptable): 6347 Palmas Bay Circle City: Port Orange FL Zip Code: 32129

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, 2008

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 RECINE, VITO 329 WILDER BLVD C302 DAYTONA BEACH, FL 32114	☒ Delete	PRESIDENT ANTHONY ALASTRA 6347 Palmas Bay Cir Port Orange, FL 32129	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALASTRA, ANTHONY 842 WILDWOOD CIR PORT ORANGE, FL 32127	☒ Delete	Vice President Louis Rosa 1685 Town Prk Dr. Port Orange, FL 32129	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FSD ROSA, LOU 1685 TOWN PRK DR PORT ORANGE, FL 32127	☒ Delete	Financial Sec IDA Ancona 3938 S Atlantic Ave Daytona Bch, FL 32127	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRD ANCONA, IDA 3938 S ATLANTIC AVE PORT ORANGE, FL 32127	☒ Delete	TREASURER Ed Dorini 6311 Palmas Bay Cir Port Orange, FL 32129	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANNI, DEBRA 1685 TOWN PARK DR PORT ORANGE, FL 32127	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMIERI, FRANK 6487 RENAISSANCE DR. PORT ORANGE, FL 32128	☐ Delete		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

pd check # 1264

ATTACHMENT

DOCUMENT # 768501

1. Entity Name
LODGE 2524 CORP.

400574958

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Suite, Apt. #, etc.	
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SIGNATURE: _____ 3-25-08
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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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #