


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # N50766
1. Entity Name
BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.



Principal Place of Business: 4325 OLD HWY. 37, LAKELAND, FL 33813
Mailing Address: P.O. BOX 5714, LAKELAND, FL 33807

DO NOT WRITE IN THIS SPACE



07252007 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-2977958 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
CHRITTON, CHARLES P.
5300 S. FLORIDA AVE.
LAKELAND, FL 33813

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000771336
08/03/07-80002-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPINDLER, JAMES
STREET ADDRESS	PO BOX 5714
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	V
NAME	CHORMANN, ROBERT
STREET ADDRESS	PO BOX 5714
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	T
NAME	WIZDA, EDMUND
STREET ADDRESS	1235 HEIDI LANE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	FISHER, TOM
STREET ADDRESS	P.O. BOX 5714
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	D
NAME	DUGAN, FELIX
STREET ADDRESS	P.O. BOX 5714
CITY-ST-ZIP	LAKELAND, FL 33807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James Spindler 8/1/07 867 646-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #