2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOTAWRITE IN THIS SPACE

DOCUMENT # N50766

1. Entity Name

BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.



FILED Jan 23, 2008 08:00 AN Secretary of State

Principal Place of Business

4325 OLD HWY. 37 LAKELAND, FL 33813 Mailing Address

P.O. BOX 5714 LAKELAND, FL 33807



01102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2977958

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Name and Address of Current Registered Agent

CHRITTON, CHARLES P. 5300 S. FLORIDA AVE. LAKELAND, FL 33813

DONOT WRITE INTHIS 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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

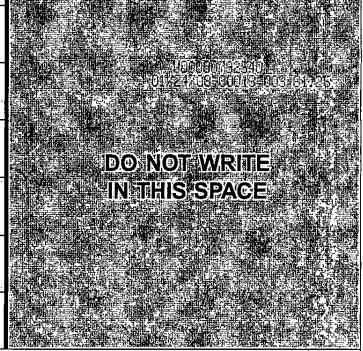
DATE

Filling Fee Is \$61.25

Due by May 1, 2008

Selection Campaign Financing Added to Fees

10. OFFICERS AND DIRECTORS T/T) F NAME SPINDLER, JAMES STREET ADDRESS PO BOX 5714 CITY-ST-ZIP LAKELAND, FL 33807 TITLE NAMÉ CHORMANN, ROBERT STREET ADDRESS PO BOX 5714 CITY-ST-ZIP LAKELAND, FL 33807 TITLE NAME WIZDA, EDMUND STREET ADDRESS 1235 HEIDI LANE CITY-ST-ZIP LAKELAND, FL 33813 TITLE 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 NAME STREET ADDRESS



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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:

MAL Standle

(SHANATURE AND TYPED OR PRINTED NA

JAMES SPINDLEN

Y/7/08 863 64 1817

Daytime Phone #