2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50766

FILED Apr 20, 2009 Secretary of State

Entity Name: BUILDING ASSOCIATION OF LAKELAND, FLORIDA, INC.

Littly Nai	ile. BOILDING	3 ASSOCIATION OF LANELA	ND, FLORIDA, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4325 OLD LAKELANI	HWY. 37 D, FL 33813				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 5714 LAKELAND, FL 33807			4325 OLD HWY. 37 LAKELAND, FL 338	4325 OLD HWY. 37 LAKELAND, FL 33813	
FEI Number:	59-2977958	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
5300 S. FL	N, CHARLES F .ORIDA AVE. D, FL 33813	P. US	SPINDLERE, JAMES 1711 WILSHIRE CT LAKELAND, FL 338		
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: JAMES SPINDLER				04/20/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () SPINDLER, JAI PO BOX 5714 LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () CHORMANN, R PO BOX 5714 LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T WIZDA, EDMUI 1235 HEIDI LAI LAKELAND, FL	NE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FISHER, TOM P.O. BOX 5714 LAKELAND, FL	l .	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DUGAN, FELIX P.O. BOX 5714 LAKELAND, FL	Į.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIZDA EDMUND T 04/20/2009