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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755082

1. Corporation Name

WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC.

95239-90075-47

Principal Place of Business

POST OFFICE BOX 1084
POB 1084
PALMETTO FL 34221-1084

Mailing Address

POST OFFICE BOX 1084
POB 1084
PALMETTO FL 34221-1084



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/12/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2072957	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GREGORY, ANDY 8002 OAK DR. PALMETTO FL 34221				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	EDWARDS, PACE		1.2 NAME	SMITH, KRISTINE			
STREET ADDRESS	5012 WOODLAWN CIRCLE W		1.3 STREET ADDRESS	8108 WOODLAWN CIRCLE, S			
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP	PALMETTO, FL 34221			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FINCK, RENEE		2.2 NAME	HIGHLEY, IRMA			
STREET ADDRESS	5104 WOODLAWN CIRCLE		2.3 STREET ADDRESS	8002 WOODLAWN CIRCLE, S			
CITY-ST-ZIP	PALMETTO FL		2.4 CITY-ST-ZIP	PALMETTO, FL 34221			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAUER, DOLORES		3.2 NAME				
STREET ADDRESS	8106 LAKE DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PALMETTO FL		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAUER, ELMER		4.2 NAME				
STREET ADDRESS	8106 LAKE DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PALMETTO FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, KRISTINE		5.2 NAME				
STREET ADDRESS	8108 WOODLAWN CIRCLE S		5.3 STREET ADDRESS				
CITY-ST-ZIP	PALMETTO FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HIGHLEY, ARCHIE		6.2 NAME				
STREET ADDRESS	8002 WOODLAWN CIRCLE S		6.3 STREET ADDRESS				
CITY-ST-ZIP	PALMETTO FL		6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elmer Sauer, Treasurer* 1/10/99 (941) 722-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)