

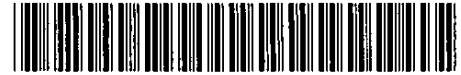
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90041 024 \*\*\*\*61.25



<b>DOCUMENT # 755082</b>	
1. Entity Name <b>WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC.</b>	
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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2072957</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
GREGORY, ANDY 8002 OAK DR. PALMETTO FL 34221		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 substituting) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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			
1111	PD	<input checked="" type="checkbox"/> Delete		1111	PO WITNEY WATSON	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEITTENBERGER, JOSEPH			NAME	8005 OAK DRIVE		
STREET ADDRESS	8705 OAK DR.			STREET ADDRESS	PALMETTO, FL 34221		
CITY ST ZIP	PALMETTO FL 34221			CITY ST ZIP			
1111	VD	<input type="checkbox"/> Delete		1111		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDMONSON, WILLIAM			NAME			
STREET ADDRESS	5108 WOODLAWN CIR., #E			STREET ADDRESS			
CITY ST ZIP	PALMETTO FL 34221			CITY ST ZIP			
1111	SD	<input type="checkbox"/> Delete		1111		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAUER, DOLORES			NAME			
STREET ADDRESS	8106 LAKE DRIVE			STREET ADDRESS			
CITY ST ZIP	PALMETTO FL			CITY ST ZIP			
1111	T	<input type="checkbox"/> Delete		1111		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAUER, ELMER			NAME			
STREET ADDRESS	8106 LAKE DRIVE			STREET ADDRESS			
CITY ST ZIP	PALMETTO FL			CITY ST ZIP			
1111	D	<input type="checkbox"/> Delete		1111		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANDENBERG, JAN			NAME			
STREET ADDRESS	5010 WOODLAND CIR., #W			STREET ADDRESS			
CITY ST ZIP	PALMETTO FL 34221			CITY ST ZIP			
1111	D	<input type="checkbox"/> Delete		1111		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGHLEY, ARCHIE			NAME			
STREET ADDRESS	8002 WOODLAWN CIRCLE S			STREET ADDRESS			
CITY ST ZIP	PALMETTO FL			CITY ST ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Elmer J. Sauer, Treasurer 1/25/07 941-722-0250