

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755082

FILED
Feb 01, 2009
Secretary of State

Entity Name: WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC.

Current Principal Place of Business:

POST OFFICE BOX 1084
POB 1084
PALMETTO, FL 342211084

New Principal Place of Business:

8106 LAKE DRIVE
PALMETTO, FL 34221

Current Mailing Address:

POST OFFICE BOX 1084
POB 1084
PALMETTO, FL 342211084

New Mailing Address:

8106 LAKE DRIVE
PALMETTO, FL 34221

FEI Number: 59-2072957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, ANDY
8002 OAK DR.
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRESSLY, ROBERT J
Address: 8105 OAK DRIVE
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: EDMONSON, WILLIAM
Address: 5108 WOODLAWN CIR., #E
City-St-Zip: PALMETTO, FL 34221

Title: SD () Delete
Name: SAUER, DOLORES
Address: 8106 LAKE DRIVE
City-St-Zip: PALMETTO, FL

Title: T () Delete
Name: SAUER, ELMER
Address: 8106 LAKE DRIVE
City-St-Zip: PALMETTO, FL

Title: D () Delete
Name: BRANDENBERG, JAN
Address: 5010 WOODLAND CIR., #W
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: HIGHLEY, ARCHIE
Address: 8002 WOODLAWN CIRCLE S
City-St-Zip: PALMETTO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDY GREGORY

MR.

02/01/2009

Electronic Signature of Signing Officer or Director

Date