

FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00575 (3)

1. Corporation Name
WOODLAWN LAKES FIRST ADDITION SUBDIVISION ASSOCIATES, INC.



Principal Place of Business Mailing Address
P. O. BOX 362 ELLENTON FL 34222 US
P. O. BOX 362 ELLENTON FL 34222-0362 US

3. Date Incorporated or Qualified 12/23/1983
3a. Date of Last Report 04/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		NOT APPLICABLE		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INGRAM, BARBARA J. 1023 MANATEE AVE., W., 6TH FLOOR BRADENTON FL 33505				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	D	Change	Addition
NAME	WARE, BRENDA			1.2 NAME	DORIS CADE		
STREET ADDRESS	8001 LAKE DR.			1.3 STREET ADDRESS	8007 LAKE DRIVE		
CITY-ST-ZIP	PALMETTO FL			1.4 CITY-ST-ZIP	PALMETTO, FL		
TITLE	DV	DELETE		2.1 TITLE	D	Change	Addition
NAME	INGRAM, BOBBIE			2.2 NAME	INGRAM, BOBBIE		
STREET ADDRESS	8016 LAKE DR			2.3 STREET ADDRESS	8016 LAKE DR		
CITY-ST-ZIP	PALMETTO FL			2.4 CITY-ST-ZIP	PALMETTO, FL.		
TITLE	TD	DELETE		3.1 TITLE		Change	Addition
NAME	ROSE, DOUGLAS			3.2 NAME			
STREET ADDRESS	5207 WOODLAWN CIR., E.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			3.4 CITY-ST-ZIP			
TITLE	DP	DELETE		4.1 TITLE		Change	Addition
NAME	GULKY, TOM			4.2 NAME			
STREET ADDRESS	8008 LAKE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			4.4 CITY-ST-ZIP			
TITLE	SD	DELETE		5.1 TITLE		Change	Addition
NAME	ROSE, CAROL J			5.2 NAME			
STREET ADDRESS	5207 WOODLAWN CIR E			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			5.4 CITY-ST-ZIP			
TITLE	JOANN KNUDSEN DP	DELETE	ADDITION	6.1 TITLE		Change	Addition
NAME	5307 WOODLAWN CIRCLE WEST			6.2 NAME			
STREET ADDRESS	PALMETTO FL			6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)