


FILE NOW: FILING FEE IS \$61.25

EX-1001
3-20-98

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00575 (3)

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

Principal Place of Business P. O. BOX 362 ELLENTON FL 34222 US	Mailing Address P. O. BOX 362 ELLENTON FL 34222 US
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3. Date Incorporated or Qualified
12/23/1983

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**INGRAM, BARBARA J.
1023 MANATEE AVE., W., 6TH FLOOR
BRADENTON FL 33505**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CADE, DORIS	
STREET ADDRESS	8007 LAKE DRIVE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	INGRAM, BOBBIE	
STREET ADDRESS	8016 LAKE DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSE, DOUGLAS	
STREET ADDRESS	5207 WOODLAWN CIR., E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	INGRAM, BOBBIE	
STREET ADDRESS	8016 LAKE DRIVE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSE, CAROL J	
STREET ADDRESS	5207 WOODLAWN CIR E	
CITY-ST-ZIP	PALMETTO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KNUDSEN, JOANN	
STREET ADDRESS	5307 WOODLAWN CIRCLE WEST	
CITY-ST-ZIP	PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DARLENE LAND
2.3 STREET ADDRESS	WOODLAWN CIRCLE EAST
2.4 CITY-ST-ZIP	PALMETTO, FL 34221
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: 

CP2E037 (10/97)