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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N00575**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/23/1983

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CADE, DORIS	
STREET ADDRESS	8007 LAKE DRIVE	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAND, DARLENE	
STREET ADDRESS	8016 WOODLAWN CIR E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSE, DOUGLAS	
STREET ADDRESS	5207 WOODLAWN CIR, E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE OK
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4/5/99
 Date

Daytime Phone #

CR2E037 (11/98)