

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

0074712

**DOCUMENT # N00575**

1. Entity Name

**WOODLAWN LAKES FIRST ADDITION SUBDIVISION ASSOCI**

04-02-2001 90306 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 362  
 ELLENTON FL 34222  
 US

P. O. BOX 362  
 ELLENTON FL 34222  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CADE, DORIS</b>	
STREET ADDRESS	<b>8007 LAKE DRIVE</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAND, DARLENE</b>	
STREET ADDRESS	<b>8016 WOODLAWN CIR E</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, DOUGLAS</b>	
STREET ADDRESS	<b>5207 WOODLAWN CIR., E.</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSE, CAROL J</b>	
STREET ADDRESS	<b>5207 WOODLAWN CIR E</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>KNUDSEN, JOANN</b>	
STREET ADDRESS	<b>5307 WOODLAWN CIRCLE WEST</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRED O'BRIEN</b>	
STREET ADDRESS	<b>5208 WOODLAWN CIR E.</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	

12. 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 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:** ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/20/01**  
 Date

**941 729 2005**  
 Daytime Phone #

CR2E037 (10/00)