

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90178 017 \*\*\*\*61.25

**DOCUMENT # N00575**

1. Entity 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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, FRED</b>	
STREET ADDRESS	<b>5208 WOODLAWN RIDE</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*[Signature]*  
 Date

Daytime Phone #

CR2E037 (9/01)