FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 23 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755082 (5)

1. Corporation Name

WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1084 POB 1084 PALMETTO FL 34221-1084	POST OFFICE BOX 1084 POB 1084 PALMETTO FL 34221-1084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1980
3a. Date of Last Report: 07/18/1994
4. FEI Number: 59-2072957 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREGORY, ANDY
8002 OAK DR.
PALMETTO FL 34221

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	SAVER, ELMER	1.2 NAME	CHRISTINA REBELLA	
STREET ADDRESS	8106 LAKE DR.	1.3 STREET ADDRESS	5006 LEON DRIVE	
CITY-ST-ZIP	PALMETTO, FL 00000	1.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	VD	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	HAND, SHARON	2.2 NAME	TERESA HOWE	
STREET ADDRESS	8001 OAK DRIVE	2.3 STREET ADDRESS	5009 WOODLAWN CIRCLE, W	
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	SHANKLE, DONNA	3.2 NAME	DOLORES SAUER	
STREET ADDRESS	5904 LEON DRIVE	3.3 STREET ADDRESS	8106 LAKE DRIVE	
CITY-ST-ZIP	PALMETTO, FL 00000	3.4 CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	T	4.1 TITLE	ELMER SAUER T	☑ Change ☐ Addition
NAME	HANENKRATT, DANA R.	4.2 NAME	8106 LAKE DRIVE	
STREET ADDRESS	8105 WOODLAWN CIR SO.	4.3 STREET ADDRESS	PALMETTO, FL 34221	
CITY-ST-ZIP	PALMETTO, FL 00000	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ELMER F. SAUER Elmer F. Sauer 1/11/95 813-722-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062760