

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90025 027 ****61.50



DO NOT WRITE IN THIS SPACE

DOCUMENT # 755082

1. Entity Name
WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC. PARTNERSHIP

Principal Place of Business POST OFFICE BOX 1084 POB 1084 PALMETTO FL 34221-1084	Mailing Address POST OFFICE BOX 1084 POB 1084 PALMETTO FL 34221-1084
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2072957	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GREGORY, ANDY 8002 OAK DR. PALMETTO FL 34221		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KRISTINE 8100 WOODLAWN CIRCLE S PALMETTO FL 34221 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACK RAHBEI 8207 WOODLAWN CIRCLE, S PALMETTO, FL 34221 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIGHLEY, IRMA 8002 WOODLAWN CIRCLE S PALMETTO FL 34221 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUER, DOLORES 8106 LAKE DRIVE PALMETTO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUER, ELMER 8106 LAKE DRIVE PALMETTO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KRISTINE 8108 WOODLAWN CIRCLE S PALMETTO FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW HEIDNER 5101 WOODLAWN CIRCLE, E PALMETTO, FL 34221 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGHLEY, ARCHIE 8002 WOODLAWN CIRCLE S PALMETTO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Elmer F. Sauer* **SIGNATURE REQUIRED** **ELMER F. SAUER** **1/4/01** **941-722-0250**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)