

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90041 024 ****61.25

DOCUMENT # 755082

1. Entity Name

WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC.



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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

GREGORY, ANDY
8002 OAK DR.
PALMETTO FL 34221

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when substituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEITTENBERGER, JOSEPH	
STREET ADDRESS	8705 OAK DR.	
CITY ST ZIP	PALMETTO FL 34221	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDMONSON, WILLIAM	
STREET ADDRESS	5108 WOODLAWN CIR., #E	
CITY ST ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAUER, DOLORES	
STREET ADDRESS	8106 LAKE DRIVE	
CITY ST ZIP	PALMETTO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAUER, ELMER	
STREET ADDRESS	8106 LAKE DRIVE	
CITY ST ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDENBERG, JAN	
STREET ADDRESS	5010 WOODLAND CIR., #W	
CITY ST ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGHLEY, ARCHIE	
STREET ADDRESS	8002 WOODLAWN CIRCLE S	
CITY ST ZIP	PALMETTO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITNEY WATSON	
STREET ADDRESS	8005 OAK DRIVE	
CITY ST ZIP	PALMETTO, FL 34221	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 J. Sauer, Treasurer

1/25/07 941-722-0250