

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

1996 4-1-96

B-2923 DIVISION OF CORPORATIONS C

DOCUMENT # **N00575 (3)**

1. Corporation Name
WOODLAWN LAKES FIRST ADDITION SUBDIVISION ASSOCIATES, INC.



Principal Place of Business
**P. O. BOX 362
ELLENTON FL 34222
US**

Mailing Address
**P. O. BOX 362
ELLENTON FL 34222
US**

3. Date Incorporated or Qualified **12/23/1983** 3a. Date of Last Report **03/23/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INGRAM, BARBARA J. 1023 MANATEE AVE., W., 6TH FLOOR BRADENTON FL 33505				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D (only)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARE, BRENDA			1.2 NAME	SAME PERSON & ADDRESS		
STREET ADDRESS	8001 LAKE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INGRAM, BOBBIE			2.2 NAME	SAME PERSON & ADDRESS		
STREET ADDRESS	8016 LAKE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOSE, DOUGLAS			3.2 NAME			
STREET ADDRESS	5207 WOODLAWN CIR., E.			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			3.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	DP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GULKY, TOM			4.2 NAME	SAME PERSON & ADDRESS		
STREET ADDRESS	8008 LAKE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNUDSEN, JOANN			5.2 NAME			
STREET ADDRESS	5307 WOODLAWN CIR. SOUTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			5.4 CITY-ST-ZIP			
TITLE	ROSE / CAROL - SP -	<input type="checkbox"/> DELETE		6.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSE, CAROL J.			6.2 NAME	ROSE, CAROL J.		
STREET ADDRESS	5207 WOODLAWN CIR. E.			6.3 STREET ADDRESS	5207 WOODLAWN CIR. E.		
CITY-ST-ZIP	PALMETTO FL 34221			6.4 CITY-ST-ZIP	PALMETTO FL 34221		

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)(k), 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: *[Signature]* Date: **3/26/96** 941-733-4085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR District Phone #

CR2E037 (12/95)