

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90005 011 ****61.25

0066763

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N00575**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/23/1983

22 City & State

27 City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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 Zip Code

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 DELETE
 NAME D CADE, DORIS
 STREET ADDRESS 8007 LAKE DRIVE
 CITY-ST-ZIP PALMETTO FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME D LAND, DARLENE
 STREET ADDRESS 8016 WOODLAWN CIR E
 CITY-ST-ZIP PALMETTO FL 34221

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME TD ROSE, DOUGLAS
 STREET ADDRESS 5207 WOODLAWN CIR, E.
 CITY-ST-ZIP PALMETTO FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME DV INGRAM, BOBBIE
 STREET ADDRESS 8016 LAKE DRIVE
 CITY-ST-ZIP PALMETTO FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME SD ROSE, CAROL J
 STREET ADDRESS 5207 WOODLAWN CIR E
 CITY-ST-ZIP PALMETTO FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME DP KNUDSEN, JOANN
 STREET ADDRESS 5307 WOODLAWN CIRCLE WEST
 CITY-ST-ZIP PALMETTO FL

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99
 Date

Daytime Phone #

CR2E037 (11/98)