

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90086 004 ****61.25

DOCUMENT # N00575

1. Entity Name

WOODLAWN LAKES FIRST ADDITION SUBDIVISION ASSOCI

Principal Place of Business

Mailing Address

P. O. BOX 362
 ELLENTON FL 34222
 US

P. O. BOX 362
 ELLENTON FL 34222-0362
 US

J 4 0 0 0 *



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INGRAM, BARBARA J.
1023 MANATEE AVE., W., 6TH FLOOR
BRADENTON FL 33505

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** Delete
 NAME **CADE, DORIS**
 STREET ADDRESS **8007 LAKE DRIVE**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DB** Delete
 NAME **INGRAM, BOBBIE**
 STREET ADDRESS **8016 LAKE DRIVE**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

Daytime Phone # _____

CR2E037 19/99