

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90364 003 ****61.25

DOCUMENT # N00575

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KNUDSEN, JOANN
5307 WOODLAWN CIRCLE W.
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name **LOU FERRARO**
Street Address (P.O. Box Number is Not Acceptable)
8016 LAKE DRIVE

City **PALMETTO** FL Zip Code **34221**

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 **LOU FERRARO**

04-27-04

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
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	D CADE, DORIS 8007 LAKE DRIVE PALMETTO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEISLER, DAVID 5210 WOODLAWN CIR. W. PALMETTO FL 34221 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, DOUGLAS- 5207 WOODLAWN CIR., E. PALMETTO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JEFF 5306 WOODLAWN CIR. W. PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KNUDSEN, JOANN 5307 WOODLAWN CIRCLE WEST PALMETTO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSEL, LEE 8008 LAKE DR. PALMETTO FL 34221 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LOU FERRARO 8016 LAKE DRIVE PALMETTO, FL. 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRED O'BRIEN 5208 WOODLAWN CIR. EAST. PALMETTO, FL 34221 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VENTURA LYNCH 8001 LAKE DRIVE PALMETTO, FL. 34221 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLEN FERRARO 8016 LAKE DRIVE PALMETTO, FL. 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #