


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N00575
 1. Entity Name
WOODLAWN LAKES FIRST ADDITION SUBDIVISION ASSOCIATES, INC.



Principal Place of Business Mailing Address
 P. O. BOX 362 P. O. BOX 362
 ELLENTON, FL 34222 US ELLENTON, FL 34222 US

DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FERRARO, LOU
8016 LAKE DRIVE
PALMETTO, FL 34221

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARO, LOU 8016 LAK DRIVE PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'BRIEN, FRED 5208 WOODLAWN CIRCLE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VENTURA, LYNCH 8001 LAKE DRIVE PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JEFF 5306 WOODLAWN CIR. W. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRARO, ELLEN 8016 LAKE DRIVE PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSEL, LEE 8008 LAKE DR. PALMETTO, FL 34221

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 01/25/05-80108-012 61.25

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:  Date: **1-14-05** Daytime Phone #: **941-721-9898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR