


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90221 020 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FERRARO, LOU 8016 LAKE DRIVE PALMETTO, FL 34221					
7. Name and Address of New Registered Agent Name KNUDSEN, JOANN (PRESIDENT) Street Address (P.O. Box Number is Not Acceptable) 5307 WOODLAWN CIRCLE WEST 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 <u>JOANN KNUDSEN</u> <u>Joann Knudsen</u> <u>4/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME FERRARO, LOU STREET ADDRESS 8016 LAKE DRIVE CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE PD NAME KNUDSEN, JOANN STREET ADDRESS 5307 WOODLAWN CIRCLE WEST CITY-ST-ZIP PALMETTO, FL, 34221	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME ROSE, DOUGLAS STREET ADDRESS 5207 WOODLAWN CIRCLE EAST CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ROSE, CAROL J STREET ADDRESS 5207 WOODLAWN CIRCLE EAST CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D VP NAME DAVIS, JEFF STREET ADDRESS 5306 WOODLAWN CIR. W. CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME FERRARO, ELLEN STREET ADDRESS 8016 LAKE DRIVE CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE D NAME JONES, EMMA STREET ADDRESS 5308 WOODLAWN CIRCLE WEST CITY-ST-ZIP PALMETTO, FL, 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME LAND, DARLENE STREET ADDRESS 5206 WOODLAWN CIRCLE CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete		TITLE D NAME SCHETZ, DON STREET ADDRESS 5210 WOODLAWN CIRCLE WEST CITY-ST-ZIP PALMETTO, FL, 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joann Knudsen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/23/08</u> <u>941 7297005</u> <small>Date Daytime Phone #</small>		