

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00575

FILED
Apr 06, 2009
Secretary of State

Entity Name: WOODLAWN LAKES FIRST ADDITION SUBDIVISION ASSOCIATES, INC.

Current Principal Place of Business:

P. O. BOX 362
ELLENTON, FL 34222 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 362
ELLENTON, FL 34222 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KNUDSEN, JOANN PRES
5307 WOODLAWN CIR W
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNUDSEN, JOANN
Address: 5307 WOODLAWN CIR W
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: ROSE, DOUGLAS
Address: 5207 WOODLAWN CIRCLE EAST
City-St-Zip: PALMETTO, FL 34221

Title: SD () Delete
Name: ROSE, CAROL J
Address: 5207 WOODLAWN CIRCLE EAST
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: DAVIS, JEFF
Address: 5306 WOODLAWN CIR. W.
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: JONES, EMMA
Address: 5308 WOODLAWN CIR W
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: SCHEETZ, DON
Address: 5210 WOODLAWN CIR W
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN KNUDSEN

PD

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date