

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90154 046 ****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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JOANN KNUDSEN**
Street Address (P.O. Box Number is Not Acceptable)
5307 WOODLAWN CIRCLE WEST
PALMETTO
City **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 *Joann Knudsen*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	D CADE, DORIS	<input type="checkbox"/> Delete
STREET ADDRESS	8007 LAKE DRIVE	
CITY-ST-ZIP	PALMETTO FL	
TITLE NAME	D LAND, DARLENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8016 WOODLAWN CIR E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE NAME	DO ROSE, DOUGLAS	<input type="checkbox"/> Delete
STREET ADDRESS	5207 WOODLAWN CIR., E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE NAME	SD ROSE, CAROL J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5207 WOODLAWN CIR E	
CITY-ST-ZIP	PALMETTO FL	
TITLE NAME	DP KNUDSEN, JOANN	<input type="checkbox"/> Delete
STREET ADDRESS	5307 WOODLAWN CIRCLE WEST	
CITY-ST-ZIP	PALMETTO FL	
TITLE NAME	D O'BRIEN, FRED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5208 WOODLAWN RIDE	
CITY-ST-ZIP	PALMETTO FL 34221	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T DAVID GEISLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5210 WOODLAWN CIR. W	
CITY-ST-ZIP	PALMETTO - FL 34221	
TITLE NAME	D JEFF DAVIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5306 WOODLAWN CIR. W	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE NAME	D. LEE CASSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8008 LAKE DR.	
CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *JOANN KNUDSEN*

4-23-03

CR2E037 (10/02)