**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 21, 2017**
**Secretary of State**
**CC1268552745**

DOCUMENT# 755082

**Entity Name:** WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC.

**Current Principal Place of Business:**

8119 WOODLAWN CIR S
PALMETTO, FL 34221

**Current Mailing Address:**

P.O. BOX 1084
PALMETTO, FL 34220-1084 US

**FEI Number: 59-2072957**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MATSON, MICHAEL T
5110 WOODLAWN CIR E
PALMETTO, FL 34221 US

*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: MICHAEL T MATSON 04/21/2017

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | COSTELLO, LUCY |
| Address | 8119 WOODLAWN CIR S |
| City-State-Zip: | PALMETTO FL 34221 |

| | |
|---|---|
| Title | SECRETARY |
| Name | PALSGROVE, ELIZABETH |
| Address | 8115 WOODLAWN CIR S |
| City-State-Zip: | PALMETTO FL 34221 |

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|---|---|
| Title | DIRECTOR |
| Name | BENSON, DONALD |
| Address | 5205 WOODLAWN CIR W |
| City-State-Zip: | PALMETTO FL 34221 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | EDMONSON, WILLIAM |
| Address | 5108 WOODLAWN CIR E |
| City-State-Zip: | PALMETTO FL 34221 |

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|---|---|
| Title | VP |
| Name | STINSON, DENNIS |
| Address | 8207 OAK DR |
| City-State-Zip: | PALMETTO FL 34221 |

| | |
|---|---|
| Title | TREASURER |
| Name | MATSON, MICHAEL T |
| Address | 5110 WOODLAWN CIR E |
| City-State-Zip: | PALMETTO FL 34221 |

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|---|---|
| Title | DIRECTOR |
| Name | HIGHLEY, ARCHIE |
| Address | 8002 WOODLAWN CIR S |
| City-State-Zip: | PALMETTO FL 34221 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SAUER, DELORES |
| Address | 8106 LAKE DR |
| City-State-Zip: | PALMETTO FL 34221 |

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: MICHAEL T. MATSON TREASURER 04/21/2017

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | WEAGLE, CAROLANN |
| Address | 8205 WOODLAWN CIR S |
| City-State-Zip: | PALMETTO FL 34221 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LUSK, KENNETH |
| Address | 8002 OAK DR |
| City-State-Zip: | PALMETTO FL 34221 |