2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755082

Entity Name: WOODLAWN LAKES SUBDIVISION ASSOCIATES, INC.

FILED
Apr 25, 2014
Secretary of State
CC1230335811

Date

Current Principal Place of Business:

5110 WOODLAWN CIR E PALMETTO. FL 34221

Current Mailing Address:

P.O. BOX 1084

PALMETTO. FL 34222-1084

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 04/25/2014

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VI

NameCOSTELLO, LUCYNameEDMONSON, WILLIAMAddress8119 WOODLAWN CIR SAddress5108 WOODLAWN CIR ECity-State-Zip:PALMETTO FL 34221City-State-Zip:PALMETTO FL 34221

Title SECRETARY Title TREASURER

 Name
 MATSON, SONYA
 Name
 MATSON, MICHAEL T

 Address
 5110 WOODLAWN CIR E
 Address
 5110 WOODLAWN CIR E

 City-State-Zip:
 PALMETTO FL
 City-State-Zip:
 PALMETTO FL 34221

Title DIRECTOR Title DIRECTOR

Name BENSON, DONALD Name HIGHLEY, ARCHIE

Address 5205 WOODLAWN CIR W Address 8002 WOODLAWN CIRCLE S

City-State-Zip: PALMETTO FL 34221 City-State-Zip: PALMETTO FL

Title DIRECTOR Title DIRECTOR

NameBLACK, TERESANameROBISON, GERALDAddress8127 WOODLAWN CIR SAddress8112 WOODLAWN CIR SCity-State-Zip:PALMETTO FL 34221City-State-Zip:PALMETTO FL 34221

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 MATSON TREASURER 04/25/2014