

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47489

FILED  
May 15, 2005  
Secretary of State

**Entity Name:** BOSTWICK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

125 TILLMAN ST  
BOSTWICK, FL 32007 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 128  
BOSTWICK, FL 32007 US

**New Mailing Address:**

133 CEDAR DRIVE  
PALATKA, FL 32177 US

**FEI Number:** 59-3100591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FINCH, SHARON K  
133 CEDAR DR  
P O BOX 128  
BOSTWICK, FL 32007 US

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

FINCH, SHARON K  
133 CEDAR DR  
PALATKA, FL 32177 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:

05/15/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: COUGHENOUR, SHARON  
Address: PO BOX 32  
City-St-Zip: PALATKA, FL 32177

Title: VD ( ) Delete  
Name: THOMPSON, KATHY  
Address: 123 KINGFISH AVE  
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete  
Name: EVERTON, MARGE  
Address: PO BOX 532/133 OLD AIRPORT JARMAL  
City-St-Zip: BOSTWICK, FL 32007

Title: PD ( ) Delete  
Name: HARTWIG, ROBERT  
Address: 543 W RIVER RD  
City-St-Zip: PALATKA, FL 32177

Title: SDT ( ) Delete  
Name: BLACKWELL, EVELYN  
Address: 420 CEDAR CREEK RD  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: FINCH, SHARON,  
Address: PO BOX 128/133 CEDAR STREET  
City-St-Zip: BOSTWICK, FL 32007

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: THOMPSON, WILLIAM  
Address: 123 KINGFISH AVE  
City-St-Zip: PALATKA, FL 32177

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: TD (X) Change ( ) Addition  
Name: FINCH, SHARON,  
Address: 133 CEDAR STREET  
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON K. FINCH

TD

05/15/2005

Electronic Signature of Signing Officer or Director

Date