2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N47489

Entity Name: BOSTWICK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

125-2 TILLMAN ST
BOSTWICK, FL 32007 US

New Principal Place of Business:

Current Mailing Address:

133 CEDAR DRIVE
PALATKA, FL 32177 US

New Mailing Address:

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
PALATKA, FL 32177 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:	VD	( ) Delete
Name:	THOMPSON, WILLIAM	
Address:	123 KINGFISH AVE	
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:	133 CEDAR STREET	
City-St-Zip:	PALATKA, FL 32177	

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: SHARON K. FINCH TD 05/03/2007

Electronic Signature of Signing Officer or Director — Date