
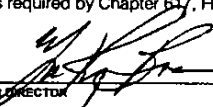


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90023 004 \*\*\*\*61.25

<b>DOCUMENT # N97000003373</b> 1. Entity Name <b>SUWANNEE WOODLANDS EAST/WEST AIRPORT ASSOCIATION, INC.</b>					
Principal Place of Business <b>22289 117 DR</b> <b>O BRIEN, FL 32071 US</b>			Mailing Address <b>PO BOX 315</b> <b>O BRIEN, FL 32071 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3498845</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHEARER, JULIA E</b> <b>22289 117 DR</b> <b>O BRIEN, FL 32071</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROY M 22001 109 DR O BRIEN, FL 32071	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bullinger, Ronald 222033- 117 DR O'Brien, FL 32071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELKNAP, JOHN R 20323 MONTEVERDI CIRCLE BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MUNSON, MARK 301 EDWARDS LANE PALM BEACH SHORES, FL 33464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOE, LEROY 22041 109 DR O BRIEN, FL 32071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYER, KRISTINE P.O. BOX 349 O BRIEN, FL 32071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHEARER, JULIA (PAT) E 22289 117 DR O BRIEN, FL 32071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, STEVEN 22061 117 DR O BRIEN, FL 32071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: Leroy Boe President</b>  <b>4/11/07 (386) 935-6978</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT  
40056397

Document #N97000003373

Suwannee Woodlands East/West Airport Association, Inc.  
P. O. Box 315  
O'Brien, FL 32071

Additional Director - 2007

Woodruff, Lee  
22247 109<sup>th</sup> Drive  
O'Brien, FL 32071