

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90021 034 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N97000003373</b><br>1. Entity Name<br><b>SUWANNEE WOODLANDS EAST/WEST AIRPORT ASSOCIATION, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>22289 117 DR</b><br><b>O BRIEN, FL 32071 US</b>  |  |   | Mailing Address<br><b>PO BOX 315</b><br><b>O BRIEN, FL 32071 US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>22056 119th Dr</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State<br><b>O'Brien, FL</b>   |  | City & State<br><br>  |   | 4. FEI Number<br><b>59-3498845</b>   |  |
| Zip<br><b>32071</b>  |  | Country<br><b>SUWANNEE</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>SHEARER, JULIA E</b><br><b>22289 117 DR</b><br><b>O BRIEN, FL 32071</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>LENGEN, John</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>22056 119th Dr</b><br>City <b>O'Brien</b> <b>FL</b> Zip Code <b>32071</b> |  |  |
| 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.<br>SIGNATURE <b>John LENGEN - Treasurer</b> <b>3-9-08</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BULLINGER, RONALD<br>222033 117 DR<br>O BRIEN, FL 32071       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MUNSON, MARK<br>301 EDWARDS LANE<br>WEST PALM BEACH, FL 33404 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BOE, LEROY<br>22041 109 DR<br>O BRIEN, FL 32071              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>MEYER, KRISTINE<br>P.O. BOX 349<br>O BRIEN, FL 32071         | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>MEYER, KRISTINE<br>P.O. BOX 349<br>O'Brien, FL 32071<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>SHEARER, JULIA (PAT) E<br>22289 117 DR<br>O BRIEN, FL 32071 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>LENGEN, John<br>PO BOX 316<br>O'Brien, FL 32071<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WELCH, STEVEN<br>22061 117 DR<br>O BRIEN, FL 32071            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>WELCH, STEVEN<br>22061 117th Dr<br>O'Brien, FL 32071<br><input checked="" 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:</b> <b>John LENGEN</b> <b>3-9-08</b> <b>386-935-5383</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |  |