## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9700003373  1. Entity Name SUWANNEE WOODLANDS EAST/WEST AIRPORT ASSOCIATION, INC.				03-12-2008 90021 034 ****61.25				
Principal Place of Business 22289 117 DR 0 BRIEN, FL 32071 US	Mailing Address PO BOX 315 O BRIEN, FL 32071	US						
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·		03092008	Chg-NP	CR2E0	37 (12/06)	
City & State O'Brien, Fl	City & State			4. FEI Numbe 59-349			No	oplied For ot Applicable
B2071 SUWANNEE	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current	Registered Agent				Address of New I	Registered	Agent	
SHEARER, JULIA E		Name	LENG	\— i~ ;	ichn			
22289 117 DR			Street Address (P.O. Box Number is Not Acceptable)					
O BRIEN, FL 32071			~~~	2.26	11. 2.	<del>/</del> '		
		City	2. Br	G31		FL	Zip Cod	071
8. The above named entity submits this statement for	or the purpose of changing its	registered office o			h, in the State of Fl	lorida. I am		
the obligations of registered agent.								
SIGNATURE day democratic	Joh	M LENC : Registered Agent signal	- 1036	Treus	arer	3-9	-08	
SIGNATURE TO SERVICE T			<del></del>		00			
Signature, typed or printed frame of registered abort	t and title if applicable. (NOTE	: Registered Agent signs	tore required wh	en reinstating)		DATE		
		paign Financing	<b>\$</b>	5.00 May B		Make chec	c payable t	
Filing Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND DI	9. Election Cam Trust Fund C	paign Financing ontribution.	□ \$	5.00 May B		Make check rida Depar	c payable to	tate ,
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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.

**SIGNATURE:** 

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-08

386-935-5383