FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:42

DOCUMENT # **714278** **(9)**

1. Corporation Name

ASTOR-ASTOR PARK WATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
25001 BUTLER ST. P.O. BOX 77 ASTOR FL 32102	25001 BUTLER ST. P.O. BOX 77 ASTOR FL 32102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1968
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-1412008 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

~~CHARLES R LUCAS SR~~
~~25001 BASIN DR~~
~~ASTOR FL 32102~~

10. Name and Address of New Registered Agent

81 Name: Charles R. Lucas
82 Street Address (P.O. Box Number is Not Acceptable): 1803 Riveredge Drive
83
84 City: Astor **FL** 85 Zip Code: 32102

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles R. Lucas Charles R. Lucas, Sec.-Treas. 3-16-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	~~CHARLES R LUCAS SR~~	12 NAME		
STREET ADDRESS	~~25001 BASIN DR~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~ASTOR FL 00000~~	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	LUCAS, CHARLES R.	22 NAME		
STREET ADDRESS	1803 RIVER EDGE DR	23 STREET ADDRESS		
CITY-ST-ZIP	ASTOR, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	ELLIS, JOHN	32 NAME		
STREET ADDRESS	55317 CLARIE ST.	33 STREET ADDRESS	55317 Claire St.	
CITY-ST-ZIP	ASTOR, FL 00000	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	President	☒ Change ☐ Addition
NAME	HARPER, JAMES R	42 NAME	Harper, James R.	
STREET ADDRESS	55536 CLAIRE ST	43 STREET ADDRESS	55536 Claire St	
CITY-ST-ZIP	ASTOR FL	44 CITY-ST-ZIP	Astor, FL 32102	
TITLE	D	51 TITLE	Vice-President	☒ Change ☐ Addition
NAME	WILLIAMS, STANLEY	52 NAME	Williams, Stanley	
STREET ADDRESS	54839 CEDAR CREST RD.	53 STREET ADDRESS	54839 Cedar Crest Rd	
CITY-ST-ZIP	ASTOR, FL 00000	54 CITY-ST-ZIP	Astor, FL 32102	
TITLE	D	61 TITLE		☐ Change ☒ Addition
NAME	W. R. Moulton	62 NAME		
STREET ADDRESS	1980 Alice Drive	63 STREET ADDRESS		
CITY-ST-ZIP	Astor, FL 32102	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles R. Lucas Charles R. Lucas 3-16-95 904-759-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023132