2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90084 032 ****70.00

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DOCUMENT # 714278

1. Entity Name

ASTOR-ASTOR PARK WATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
23939 SR 40 ASTOR FL 32102 US	PO BOX 77 ASTOR FL 32102 US

C00040613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1412008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUCAS, CHARLES R 1803 RIVEREDGE DRIVE ASTOR FL 32102	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MOULTON, W R~~ ~~1980 ALICE DRIVE~~ ~~ASTOR FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Treas Trappe, Edward E. 22324 Blue Creek Rd Astor FL 32102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LUCAS, CHARLES R. 1803 RIVER EDGE DR ASTOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lucas, Charles R. 1803 Riveredge Dr Astor FL 32102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEE, SUSAN J 1601 YELLOW BRICK RD ASTOR FL 32102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARPER, JAMES R 55536 CLAIRE ST ASTOR FL 32102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Harper, James R. 55536 Claire St Astor FL 32102	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, STANLEY 54839 CEDAR CREST RD. ASTOR FL 32102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Charles R. Lucas CHARLES R. LUCAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 2001 352-759-2260
Date Daytime Phone #