01/09/2007 00:18 FAX

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State
02-16-2007 90033 009 ****61.25

DOCUMENT # 735093

1. Entity Name
THE ASTOR COMMUNITY ASSOCIATION, INC.

40019018

Principal Place of Business	Mailing Address
ANN ST P.O. BOX 61 ASTOR, FL 32102 US	ANN ST P.O. BOX 61 ASTOR, FL 32102 US

01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1685561 ☐ 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
SPARKS, GARY J 1839 S MOON CAMP RD 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BUSTLE, JOHN 55235 CLAIRE ST ASTOR, FL 32102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ARLENE ROBBINS 55402 CLAIRE ST ASTOR, FL 32102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPARKS, GARY J 1839 S MOON CAMP RD ASTOR, FL 32102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARALYN BARNEY 1608 JUNO treasurer ASTOR, FL 32102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM STONE, MARGIE A 55018 RIVERVIEW DRIVE ASTOR, FL 32102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Sue Pierce 56426 Wateroak Astor, FL 32102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM WAGER, CHUCK 25025 DR. # 1 ASTOR, FL 32102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Rick Paulus 24725 Pearl ST Astor, FL 32102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM FASSETT, BETTY 1622 JUNE TRAIL ASTOR, FL 32102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Ruth Rodriguez 25716 Powell DR Astor, FL 32102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM PENDLETON, SHIRLEY 24544 WILDHOG ROAD ASTOR, FL 32102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Maralyn J Barney 2/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #