

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735093

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: THE ASTOR COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

ANN ST  
P.O. BOX 61  
ASTOR, FL 32102 US

## New Principal Place of Business:

ANN ST  
ASTOR, FL 32102 US

## Current Mailing Address:

ANN ST  
P.O. BOX 61  
ASTOR, FL 32102 US

## New Mailing Address:

ANN ST  
P. O. BOX 61  
ASTOR, FL 32102 US

FEI Number: 59-1665561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSTLE, JOHN  
55235 CLAIRE ST.  
ASTOR, FL 32102 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BUSTLE, JOHN  
Address: 55235 CLAIRE ST  
City-St-Zip: ASTOR, FL 32102

Title: VP ( ) Delete  
Name: SPARKS, GARY J  
Address: 1839 S MOON CAMP RD  
City-St-Zip: ASTOR, FL 32102

Title: BM ( ) Delete  
Name: STONE, MARGIE A  
Address: 55018 RIVERVIEW DRIVE  
City-St-Zip: ASTOR, FL 32102

Title: BM ( ) Delete  
Name: WAGER, CHUCK  
Address: 25025 DR, # 1  
City-St-Zip: ASTOR, FL 32102

Title: S ( ) Delete  
Name: FASETT, BETTY  
Address: 1622 JUNE TRAIL  
City-St-Zip: ASTOR, FL 32102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BM (X) Change ( ) Addition  
Name: WAGER, SHIRLEY  
Address: 25025 DR, # 1  
City-St-Zip: ASTOR, FL 32102

Title: S (X) Change ( ) Addition  
Name: FASETT, BETTY  
Address: 1622 JUNOTRAIL  
City-St-Zip: ASTOR, FL 32102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BUSTLE

P

03/13/2009

Electronic Signature of Signing Officer or Director

Date