

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735093

FILED
Apr 02, 2010
Secretary of State

Entity Name: THE ASTOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

ANN ST
ASTOR, FL 32102 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: SPARKS, GARY
Address: 1839 S MOON CAMP ROAD
City-St-Zip: ASTOR, FL 32102

Title: BM
Name: STONE, MARGIE J
Address: COON ROAD
City-St-Zip: ASTOR, FL 32102

Title: T
Name: BARNEY, MOLLY A
Address: 1608 JUNO TRAIL
City-St-Zip: ASTOR, FL 32102

Title: BM
Name: WAGER, SHIRLEY
Address: 25025 DR, # 1
City-St-Zip: ASTOR, FL 32102

Title: S
Name: HOLSTROM, THERESA
Address: 1819 S MOON CAMP RD
City-St-Zip: ASTOR, FL 32102

I hereby 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 all other like empowered.

SIGNATURE: GARY SPARKS

P

04/02/2010

Electronic Signature of Signing Officer or Director

Date