

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761613

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** ASTOR FOREST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

56114 BLUE CREEK ROAD  
P.O. BOX 114  
ASTOR, FL 32102

**New Principal Place of Business:**

56114 BLUE CREEK ROAD  
ASTOR, FL 32102

**Current Mailing Address:**

56114 BLUE CREEK RD  
P.O. BOX 114  
ASTOR, FL 32102

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REEL, KEN  
24535 BONNETT RD  
ASTOR, FL 32102    US

**Name and Address of New Registered Agent:**

GARRISON, SUSAN  
56334 WATER OAK RD  
ASTOR, FL 32102    US

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: SUSAN GARRISON

03/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ROLAND, CLAUDIA  
Address: 24636 BONNETT RD  
City-St-Zip: ASTOR, FL 32102

Title: VPD ( ) Delete  
Name: ROLAND, CLAUDIA  
Address: 24636 BONNET RD  
City-St-Zip: ASTOR, FL 32102

Title: TD ( ) Delete  
Name: REEL, KEN  
Address: 24535 BONNETT RD  
City-St-Zip: ASTOR, FL 32102

Title: SD ( ) Delete  
Name: PARKER, ROBERTA  
Address: 54544 PECAN RD  
City-St-Zip: ASTOR, FL 32102

Title: VP/D (X) Delete  
Name: FULLER, CINDY  
Address: 55917 BAY RD  
City-St-Zip: ASTOR, FL 32102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GARRISON, SUSAN  
Address: 56334 WATER OAK RD  
City-St-Zip: ASTOR, FL 32102

Title: VPD (X) Change ( ) Addition  
Name: BRUAW, PAT  
Address: 55925 CABBAGE RD  
City-St-Zip: ASTOR, FL 32102

Title: TD (X) Change ( ) Addition  
Name: JOHNSON, KARLA  
Address: 56326 WATER OAK RD  
City-St-Zip: ASTOR, FL 32102

Title: SD (X) Change ( ) Addition  
Name: PARKER, ROBERTA  
Address: 54544 PECAN RD  
City-St-Zip: ASTOR, FL 32102

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

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: SUSAN GARRISON

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date