

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761613

FILED
Mar 01, 2012
Secretary of State

Entity Name: ASTOR FOREST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

56114 BLUE CREEK ROAD
ASTOR, FL 32102

New Principal Place of Business:

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:

BRUAW, PAT
55925 CABBAGE RD
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: PD
Name: BRUAW, PAT
Address: 55925 CABBAGE RD
City-St-Zip: ASTOR, FL 32102

Title: VPD
Name: PARKER, ROBERTA
Address: P.O. BOX 600
City-St-Zip: ASTOR, FL 32102

Title: TD
Name: HOTTINGER, CHRISTY
Address: P.O. 599
City-St-Zip: EUSTIS, FL 32727

Title: SD
Name: WOOD, ANN
Address: P.O. BOX 444
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: ANN WOOD

SD

03/01/2012

Electronic Signature of Signing Officer or Director

Date