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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:22

DOCUMENT # N27080 (3)

1. Corporation Name

ASTON PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O JOSEPH L. BONCHI
8404 YEARLING LANE
NEW PORT RICHEY, FL 34653

Mailing Address

C/O ROBERT O' NEILL
~~C/O JOSEPH L. BONCHI~~
~~8404 YEARLING LANE~~
~~NEW PORT RICHEY, FL 34653~~
11 COLONIAL VILLAGE GREEN
ASTON, PA. 19014-1756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1988	3a. Date of Last Report: 06/16/1994
4. FEI Number: 23-2572735	Applied For / Not Applicable
5. Certificate of Status Desired: XX	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: X	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: X	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: 11 Colonial Village Green
27: Suite, Apt. #, etc.:
28: City & State: ASTON, PA.
29: Zip: 19014-1756
30: Country: USA

9. Name and Address of Current Registered Agent

BONCHI, JOSEPH L.
8404 YEARLING LANE
NEW PORT RICHEY, FL 34653

10. Name and Address of New Registered Agent

81 Name: N/C
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE:
Signature, typed or printed name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when listed above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, ROBERT	12 NAME	
STREET ADDRESS	11 COLONIAL VILLAGE GRN.	13 STREET ADDRESS	
CITY-ST-ZIP	ASTON PA	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	O'NEILL, ROBERT	22 NAME	
STREET ADDRESS	11 COLONIAL VILLAGE GRN.	23 STREET ADDRESS	
CITY-ST-ZIP	ASTON PA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BONCHI, JOSEPH L.	32 NAME	
STREET ADDRESS	8404 YEARLING LANE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	AKERS, WILLIAM III	42 NAME	
STREET ADDRESS	120 E. GRANADA BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert O' Neill DATE: 2/17/95 TELEPHONE NUMBER: (610) 485-8255

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Robert O' Neill, President

0007480