FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

1997
DOCUMENT #

N27080

(3)

ASTON PARK HOMEOWNERS' ASSOCIATION, INC.

MOTOR	Y FANN HOWEOWNERS AS	SOCIATION, INC.								
Principal Place	e of Business	Mailing Address								AIDH BHEIL IID
C/O JOSEPH L. BONCH 8404 YEARLING LANE NEW PORT RICHEY, FL 34653		C/O O'NEILL. ROBERT 11 COLOMAL VILLAGE GREEN ASTON PA 19014-1756 US				Date Incorporated or Qualified Octobrile	3a. D	Pate of Last R		
2 Principal P	lace of Business	2a. Mailing Address				06/22/1988 4. FEI Number	<u> </u>	07/10/19		
21	lace of pusitiess	26				23-2572735			oplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E. Cartilianto of Ptatus Desired	X	\$8.75		
22		27				5. Certificate of Status Desired	<u></u>	Fee Re		
City & State	e	City & State				6. Election Campaign Financing	ka/	\$5.00		
23 Zip	Country	Zip Country				Trust Fund Contribution 8. This corporation has liability for i	ntanoible		to Fees	
24	25 29 30			Florida Statutes				· · ·		
	9. Name and Address of Current						10. Name and Address of New Re			
				B 1	Name					
BONCHI, JOSEPH L.				82 Street Add			ss (P.O. Box Number is Not Acceptab	le)		
	EARLING LANE		ŀ	63				······································	····	
NEW PL	ORT RICHEY, FL 34653									
				64	City			FL	85 Zip (Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.										
SIGNATURE										
	Signature typed or printed name of registered agent			1 Ager	nt signature	required	when reinstating)	DATE	DAIDEOTOE	50 101.10
12.	OFFICERS AND	DELETE	13.	TI E			ADDITIONS/CHANGES TO OFFIC	EHS AN	Change	Addition
NAME	O'NEILL, ROBERT	LLLY OCCUPE	1.2 NA						Contrido	LJ POGILION
STREET ADDRESS	11 COLONIAL VILLAGE GRN.				ADDRESS					
CITY-ST-ZIP	ASTON PA 19014-1756		1.4 CI	TY-SI	T-ZIP	-				
TITLE	•			2.1 TITLE					Change	Addition
NAME	O'NEILL, ROBERT			2.2 NAME						
STREET ADDRESS	11 COLONIAL VILLAGE GRN.		2.3 STREET ADDRESS							
CITY-ST-ZIP TITLE	ASTON PA 19014-1756 D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE						☐ Change	Addition
NAME	BONCHI, JOSEPH L.	LLI DECENE	3.2 NAME						C) outligo	
STREET ADDRESS	8404 YEARLING LANE		3.3 STF		3.3 STREET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY, FL		3.4. CI	3.4. CITY-ST-ZIP						
TITLE	D	☐ DELETE	4.1 TH	TLE					Change	Addition
NAME	AKERS, WILLIAM III		4. 2 N							
STREET ADDRESS	120 E. GRANADA BLVD. ORMOND BEACH FL 32176				ADDRESS					
CHY-ST-ZIP TITLE	ORMOND BEACH PE 32170	☐ DELETE	4.4 CI		1-ZIP			 	☐ Change	Addition
NAME			5.2 NA							
STREET ADDRESS			5.3 ST	REET	address			•		
CITY-ST-ZIP			5.4 CF	TY-\$1	T- Z IP					
THLE		☐ DELETE	6.1 TIT						Change	Addition
NAME CAREEX ARRESTOC			6.2 NA		155555					
STREET ADDRESS CITY-ST-ZIP					ADDRESS					}
14. I do heret	by certify that the information supplied	with this filing does not qualify	6.4 CF for the	exer	motion s	tated i	n Section 119.07(3)(i), Florida Statute	s. I furthe	or 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 tegal effect as if made under cath; that I am an officer or director of the corporation or the receiper 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, order an affectment with an address										
SIGNATURE: Robert Of Meill II Christiant 2/28/97 (610) 485-8255										