FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27080

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 O'NEILL. ROBERT
11 COLONIAL VILLAGE GREEN
ASTON PA 19014-1756

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90025 005 ****75.00

21		26			06/22/1988			
Suite, Apt. #, etc.		· Suite, Apt. #, etc.		4. FEI Number 23-2572735		Ap	plied For	
		27				: No	Not Applicable	
City & Stat	e	City & State	City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip Country Zip			Cour	itry	6. Election Campaign Financing \$5.00 May Be		May Be	
24 25 29 3			30		Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered	i Agent	
BONCHI, JOSEPH LENGTHER ASSOCIATION, MO. 8404 YEARLING LANE NEW PORT RICHEY, FL 34653				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
NEW PURI MICHET, FL 34003								
			Ī	84 City			85 Zip C	Code
111aPureuset	to the provisions of Sections 617 0502	and 617_1508. Florida State	ites, the sh	ove-named o	TESTED 1991 Property of the challenger of the ch	for the purpose of		registered
office or n agent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with; and accept the obligation of the color of the colo	NUST 11	ill.		ration and of directors is hereby	accept the appo	intment as rec	gistered S
12.	OFFICERS AND		13.	gon opnosor	ADDITIONS/CHANGES		ND DIRECTO	RS IN 12
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	ertify that the information supplied with	this filing does not qualify for	or the ever	ntion stated	in Section 119 07(3)(i) Florida Sta	utes I further ce	rtify that the ir	aformation

I hereby certify that the information supplied with this filing 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 trusteel 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, with all other like empowered.

SIGNATURE

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11199 (616) 485-8255 Date: Dayling Phone #