

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27080

1. Entity Name **ASTON PARK HOMEOWNERS' ASSOCIATION, INC.**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90094 044 \*\*\*\*70.00

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  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **23-2572735**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BONCHI, JOSEPH L.**  
**8404 YEARLING LANE**  
**NEW PORT RICHEY, FL 34653**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'NEILL, ROBERT	
STREET ADDRESS	11 COLONIAL VILLAGE GRN.	
CITY-ST-ZIP	ASTON PA 19014-1756	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'NEILL, ROBERT	
STREET ADDRESS	11 COLONIAL VILLAGE GRN.	
CITY-ST-ZIP	ASTON PA 19014-1756	
TITLE	D	<input type="checkbox"/> Delete
NAME	BONCHI, JOSEPH L.	
STREET ADDRESS	8404 YEARLING LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AKERS, WILLIAM III	
STREET ADDRESS	120 E. GRANADA BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

4/12/00 1-810-485-8255

CF 1E037/9/99