

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N22000007243

**Entity Name:** ASTOR CREEK COUNTRY CLUB PROPERTY OWNERS  
ASSOCIATION, INC.**Current Principal Place of Business:**105 NE 1ST STREET  
DELRAY BEACH, FL 33444**Current Mailing Address:**105 NE 1ST STREET  
DELRAY BEACH, FL 33444**FEI Number: 93-4104054****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENNEDY, STUART  
8975 SW SHINNECOCK DR  
PORT ST LUCIE, FL 34987 US*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:** STUART KENNEDY**10/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | DP                    |
| Name            | KENNEDY, STUART       |
| Address         | 105 NE 1ST STREET     |
| City-State-Zip: | DELRAY BEACH FL 33444 |

|                 |                       |
|-----------------|-----------------------|
| Title           | DT                    |
| Name            | CAPODICASA, JOHN      |
| Address         | 105 NE 1ST STREET     |
| City-State-Zip: | DELRAY BEACH FL 33444 |

|                 |                       |
|-----------------|-----------------------|
| Title           | DVP                   |
| Name            | WEIMER, DARREN        |
| Address         | 105 NE 1ST STREET     |
| City-State-Zip: | DELRAY BEACH FL 33444 |

|                 |                       |
|-----------------|-----------------------|
| Title           | S                     |
| Name            | KATTOURA, RICH        |
| Address         | 105 NE 1ST STREET     |
| City-State-Zip: | DELRAY BEACH FL 33444 |

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:** STUART KENNEDY**PRESIDENT****10/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date