# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 FEB 23 PM 3:28**

DOCUMENT # **763243** **(3)**

1. Corporation Name
**FEATHER POINTE ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2333 FEATHER SOUND DR<br>CLEARWATER FL 34622<br>US | 2333 FEATHER SOUND DR<br>CLEARWATER FL 34622<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1982
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2189257 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$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): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

**9. Name and Address of Current Registered Agent**

WELLER, PATRICIA
ONE CORPORATE DR., #525
CLEARWATER FL 34622

**10. Name and Address of New Registered Agent**

81 Name: Mark S. Stoops
82 Street Address (P.O. Box Number is Not Acceptable): 13535 Feather Sound Dr., #125
83:
84 City: Clearwater, FL 85 Zip Code: 34622

11. Pursuant to the provisions of Sections 607.1502 and 607.1505, 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: _____ Mark S. Stoops 2/14/95
(Signature of New Registered Agent, if changed) (NOTE: Registered Agent signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PT | 11 TITLE | ☐ Change ☒ Addition |
| NAME | VAUGHAN, CRAIG A | 12 NAME | Director |
| STREET ADDRESS | 130 ALBERT ST., #1500 | 13 STREET ADDRESS | Catherine Jotham |
| CITY-ST-ZIP | OTTOWA ON | 14 CITY-ST-ZIP | 130 Albert St., #1500<br>Ottawa, Ontario K1P 5G4 |
| TITLE | S | 21 TITLE | ☐ Change ☒ Addition |
| NAME | STRAIN, FIONA | 22 NAME | Director |
| STREET ADDRESS | ~~2801 E. FOWLER AVE~~ 13535 Feather | 23 STREET ADDRESS | Geoff O'Hara |
| CITY-ST-ZIP | ~~TAMPA FL~~ Sound Dr.,#125<br>Clearwater,FL 34622 | 24 CITY-ST-ZIP | 130 Albert St., #1500<br>Ottawa, Ontario K1P 5G4 |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | MCCARGO, AVREA | 32 NAME | |
| STREET ADDRESS | 1370 BRIGHTWATERS BLVD. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | FLEECE, WILLIAM H | 42 NAME | |
| STREET ADDRESS | 14820 RUE DE BAYONNE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | GEORGE, JOHN | 52 NAME | |
| STREET ADDRESS | 14820 RUE DE BAYONNE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | KELLY, JEAN | 62 NAME | |
| STREET ADDRESS | 14810 RUE DE BAYONNE #5A | 63 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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:** _____ Craig A. Vaughan 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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