

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763243 (3)

1. Corporation Name

FEATHER POINTE ASSOCIATION, INC.

125
60270 / \$ 61.25
3/6/96



Principal Place of Business

2333 FEATHER SOUND DR
CLEARWATER FL 34622
US

Mailing Address

2333 FEATHER SOUND DR
CLEARWATER FL 34622
US

3. Date Incorporated or Qualified
05/12/1982

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2189257

Applied For
Not Applicable

Suite, Apt. #, etc.

c/o
Sterling Mgmt., Inc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

27 **1301 Seminole Blvd., #172**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

City & State

Largo, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

Country

25

29 **34640**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOOPS, MARK S
13535 FEATHER SOUND DR.
SUITE 125
CLEARWATER FL 34622

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Sterling Management, Inc.

83

1301 Seminole Blvd., #172

84

City

Largo,

FL

85 Zip Code

34640

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 and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** DELETE
NAME **VAUGHAN, CRAIG A**
STREET ADDRESS **130 ALBERT ST., #1500**
CITY-ST-ZIP **OTTAWA ON**

11 TITLE **D** Change Addition
12 NAME **Rudy Stotyn**
13 STREET ADDRESS **235 Stafford Road West**
14 CITY-ST-ZIP **Nepean, Ontario K2H 9C1**

TITLE **S** DELETE
NAME **STRAIN, FIONA**
STREET ADDRESS **13535 FEATHER SOUND DR., #125**
CITY-ST-ZIP **TAMPA FL**

21 TITLE **P/D** Change Addition
22 NAME **Rudy Stotyn**
23 STREET ADDRESS **126 Galaxy Boulevard**
24 CITY-ST-ZIP **Rexdale, Ontario M9W 9M6**

TITLE **D** DELETE
NAME **JOTHAM, CATHERINE**
STREET ADDRESS **130 ALBERT ST., #1500**
CITY-ST-ZIP **OTTAWO ON**

31 TITLE **V/D** Change Addition
32 NAME **Michael Kup**
33 STREET ADDRESS **3035 Headdon Forest Drive**
34 CITY-ST-ZIP **Burlington, Ontario L7M 3Y5**

TITLE **D** DELETE
NAME **FLEECE, WILLIAM H**
STREET ADDRESS **14820 RUE DE BAYONNE**
CITY-ST-ZIP **CLEARWATER FL**

41 TITLE **T/S/D** Change Addition
42 NAME **Robert Hickey**
43 STREET ADDRESS **708 Aruba Crescent**
44 CITY-ST-ZIP **Oshawa, Ontario L1J 6B6**

TITLE **D** DELETE
NAME **GEORGE, JOHN**
STREET ADDRESS **14820 RUE DE BAYONNE**
CITY-ST-ZIP **CLEARWATER FL**

51 TITLE **D** Change Addition
52 NAME **Christine Hanna**
53 STREET ADDRESS **14820 Rue de Bayonne, #608**
54 CITY-ST-ZIP **Clearwater, FL 34622**

TITLE **D** DELETE
NAME **KELLY, JEAN**
STREET ADDRESS **14810 RUE DE BAYONNE #5A**
CITY-ST-ZIP **CLEARWATER FL**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudy Stotyn

3/6/96

416-584-9531

Date

Daytime Phone #

CR2E037 (12/95)