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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 763243 (3)

1. Corporation Name
FEATHER POINTE ASSOCIATION, INC.



Principal Place of Business Mailing Address
2333 FEATHER SOUND DR CLEARWATER FL 34622 US
C/O STERLING MANAGEMENT INC
1301 SEMINOLE BLVD #172
LARGO FL 33770-8113
US

3. Date Incorporated or Qualified 05/12/1982 3a. Date of Last Report 03/13/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STOOPS, MARK S~~
% STERLING MANAGEMENT INC
1301 SEMINOLE BLVD #172
LARGO FL 34640

81 Name THERESE C. LECLERC
82 Street Address (P.O. Box Number is Not Acceptable) % STERLING MGMT INC.
83 1301 SEMINOLE BLVD #172
84 City LARGO FL 85 Zip Code 33776

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 Theresese C. Leclerc THERESE C. LECLERC L.C.A.M. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D VAUGHAN, CRAIG A DELETED
NAME
STREET ADDRESS 235 STAFFORD ROAD WEST
CITY-ST-ZIP NEPEAN ON

1.1 TITLE RT. ARTIN HAGOPIAN
1.2 NAME
1.3 STREET ADDRESS 70 BROOKVIEW DR.; AURORA
1.4 CITY-ST-ZIP ONTARIO, CANADA L6P 1G2

TITLE PD STOTYN, RUDY
NAME
STREET ADDRESS 126 GALXY BLVD
CITY-ST-ZIP REXDALE ON

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD KUP, MICHAEL
NAME
STREET ADDRESS 3035 HEADON FOREST DRIVE
CITY-ST-ZIP BURLINGTON ON

3.1 TITLE KUP, MICHAEL
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D HANNA, CHRISTINE DELETED
NAME
STREET ADDRESS 14820 RUE DE BAYONNE #608
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE D CAROL CLANCY
5.2 NAME
5.3 STREET ADDRESS 14810 RUE DE BAYONNE #2D
5.4 CITY-ST-ZIP CLEARWATER FL 34622

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE: William H. Fleece 2-20-97 (813) 572-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)