


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90135 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 763243 1. Corporation Name FEATHER POINTE ASSOCIATION, INC.		
Principal Place of Business 2333 FEATHER SOUND DR CLEARWATER FL 34622 US		Mailing Address C/O STERLING MANAGEMENT INC 1301 SEMINOLE BLVD #172 LARGO FL 34640 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/12/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2189257
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing <input type="checkbox"/>
24	25	Trust Fund Contribution <input type="checkbox"/>
29	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHAN, DARREN C/O STERLING MANAGEMENT INC 1301 SEMINOLE BLVD, #172 LARGO FL 33770		81 Name	SEAN GALARIS c/o Sterling
		82 Street Address (P.O. Box Number is Not Acceptable)	1301 Seminole Blvd Suite 172
		83	
		84 City	Largo FL 85 Zip Code 33770

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]* DATE: 2-22-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTIN HAGOPIAN	1.2 NAME	
STREET ADDRESS	70 BROOKVIEW DR AURORA	1.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO CA	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOTYN, RUDY	2.2 NAME	Sandra Chevola
STREET ADDRESS	126 GALXY BLVD	2.3 STREET ADDRESS	2333 Feather Sound Drive # B701
CITY-ST-ZIP	REXDALE ON	2.4 CITY-ST-ZIP	Clearwater, FL 33762
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUP MICHAEL	3.2 NAME	Bob Hickey
STREET ADDRESS	3035 HEADON FOREST DRIVE	3.3 STREET ADDRESS	1495 Denison Street
CITY-ST-ZIP	BURLINGTON ON	3.4 CITY-ST-ZIP	Markham, Ontario L3R 5H1
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEECE, WILLIAM H	4.2 NAME	Thomas Kraft
STREET ADDRESS	14820 RUE DE BAYONNE	4.3 STREET ADDRESS	14820 Rue de Bayonne #302
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL CLANCY	5.2 NAME	
STREET ADDRESS	14810 RUE DE BAYONNE 2D	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JEAN	6.2 NAME	
STREET ADDRESS	14810 RUE DE BAYONNE #5A	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2-22-99 DAYTIME PHONE #: 727-559-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)