PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM $\stackrel{\textstyle \leftarrow}{=} D$

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CORTORATION REIUS LA BANEN WEI	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	02 JUL -2 AM 10: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT# 763243 1. Corporation Name FEATHER POINTE ASSOCIATION, FAC. 2333 FEATHER SOUND DR CLEARWATER, FL 33762		1000062549018 -07/08/0201078003
2. Principal Office Address	Mailing Office Address	****122.50 ****122.58
Go CONDONINIUM ASSOCIATES Suite, Apt. #, etc.	300/ Executive Dr. Suite, Apt. #, etc.	-
Suite 260		4. Date incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
CLEARWATER FL	Zip Country	59-2189257 Not Applicable
33762 Country USA	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
CONDOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Drive Suite, Apt #, Etc. 5uite 260 City CLEARWATER State Zip Code FL 33762		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Company Plans Pl		
9. Names and Street Addresses of Each Officer and		· · · · · · · · · · · · · · · · · · ·
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or Direct	tor City / State / Zip
P Chevola, Sandy VP Lincoln, Deborah		und Dr. F-201 CLearwater, FL 33762 und Dr. F-206 CLearwater FL 33762
3 DILL Esther	2333 Feather Journo	1 Dr., B-707 Clearwater, FL 33762
T Kraynak, George	14810 Rue de Bayonn	e, 3H Clearwater, FL 33762
D Andreopoullos, Jol	nn 2333 Feather Sound	Dr., B-205 Clearwater, FL 33762
D Price, CheryL	14820 Rue de Bayoni	ne, #607 Clearwater, FL 33762
D Updyde, Bonnie	14810 Rue de Bayon	nne, 4° Clearmater FL 33762
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

\$ 122.50

BE WAIVED.

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