


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90060 009 \*\*\*\*61.25

**DOCUMENT # 763243**  
1. Entity Name  
**FEATHER POINTE ASSOCIATION, INC.**



Principal Place of Business  
C/O CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR, SUITE 260  
CLEARWATER FL 33762  
US

Mailing Address  
C/O CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR, SUITE 260  
CLEARWATER FL 33762  
US

**24018092**



MOORE CR2E037 (11/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**59-2189257**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DRIVE  
SUITE 260  
CLEARWATER FL 33762

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	CHEVOLA, SANDY	
STREET ADDRESS	2333 FEATHER SOUND DR, B-701	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LINCOLN, DEBORAH	
STREET ADDRESS	2323 FEATHER SOUND DR, F-206	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	S	<input type="checkbox"/> Delete
NAME	DILL, ESTHER	
STREET ADDRESS	2333 FEATHER SOUND DR, B-707	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, NYDIA	
STREET ADDRESS	14820 RUE DE BAYONNE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRICE, CHERYL	
STREET ADDRESS	14820 RUE DE BAYONNE #607	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIGUN, ART	
STREET ADDRESS	2333 FEATHER SOUND DR., B504	
CITY-ST-ZIP	CLEARWATER FL 33762	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chevola, Sandy	
STREET ADDRESS	2333 Feather Sound Drive, B-701	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hafez, Alan	
STREET ADDRESS	2333 Feather Sound Drive, E-703	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santiago, Nydia	
STREET ADDRESS	14820 Rue de Bayonne, 402	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kraynak, George	
STREET ADDRESS	14810 Rue de Bayonne 3H	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wei, Eric	
STREET ADDRESS	14810 Rue de Bayonne 7C	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3-03-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #