


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90270 004 \*\*\*\*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**

**20041297**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

04052005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2189257**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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**

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

TITLE D	CHEVOLA, SANDY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2333 FEATHER SOUND DR, B-701	CLEARWATER, FL 33762	
TITLE PD	HAFEZ, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS 2333 FEATHER SOUND DR., E-703	CLEARWATER, FL 33762	
TITLE VPD	SANTIAGO, NYDIA	<input type="checkbox"/> Delete
STREET ADDRESS 14820 RUEDE BAYONNE, 402	CLEARWATER, FL 33762	
TITLE D	SANTIAGO, NYDIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 14820 RUE DE BAYONNE	CLEARWATER, FL 33762	
TITLE TD	KRAYNAK, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS 14810 RUE DE BAYONNE, 3H	CLEARWATER, FL 33762	
TITLE D	PRIGUN, ART	<input type="checkbox"/> Delete
STREET ADDRESS 2333 FEATHER SOUND DR., B504	CLEARWATER, FL 33762	

TITLE SD	DILL, Esther	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2333 Feather Sound Drive, # B-707	CLEARWATER, FL 33762	
TITLE D	Wei, Eric	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 14810 Rue de Bayonne, # 7-C	CLEARWATER, FL 33762	
TITLE D	Izzo, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2333 Feather Sound Drive, # B-103	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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