
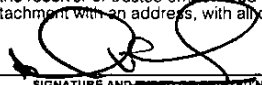


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90297 025 ****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			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DATE <u>4/3</u> INITIAL <u>KIC</u> 60026102	
City & State		City & State		4. FEI Number 59-2189257	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	SD DILL, ESTHER 2333 FEATHER SOUND DRIVE, # B-707 CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S - Betty McDevitt 2333 Feather Sound Dr Clearwater, FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAFEZ, ALAN 2333 FEATHER SOUND DR. A-703 CLEARWATER, FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - William Izzo 2333 Feather Sound Dr Clearwater, FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANTIAGO, NYDIA 14820 RUEDE BAYONNE, 402 CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Paulette Gross 14820 Ruede Bayonne Clearwater, FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEI, ERIC 14810 RUE DE BAYONNE, # 7-C CLEARWATER, FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAYNAK, GEORGE 14810 RUE DE BAYONNE, 3H CLEARWATER, FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIGUN, ART 2333 FEATHER SOUND DR., B504 CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  ALAN HAFEZ			4-5-06 (727) 540-0222		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		