

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000001243

1. Entity Name
**AUDUBON CONDOMINIUM AT FEATHER SOUND
CONDOMINIUM ASSOCIATION, INC.**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 30 AM 9:18

Principal Place of Business 2400 FEATHER SOUND DR. CLEARWATER, FL 33762	Mailing Address 2400 FEATHER SOUND DR. CLEARWATER, FL 33762
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2. Principal Place of Business	3. Mailing Address <i>2880 Scherer Dr N</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>#840</i>
City & State	City & State <i>St. Petersburg FL</i>
Zip	Country
<i>33716</i>	<i>USA</i>

09092005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-1180120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLESINGER, ADAM
250 S. AUSTRALIAN AVE., STE. 1003
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name *Ron Cotterill*

Street Address (P.O. Box Number is Not Acceptable)
400 North Tampa Street

Suite 2625

City *Tampa* FL Zip Code *33602*

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]* DATE *9-9-05*

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

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	SCHLESINGER, ADAM
STREET ADDRESS	250 S. AUSTRALIAN AVE., STE. 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	SCHLESINGER, RICHARD
STREET ADDRESS	250 S. AUSTRALIAN AVE., STE. 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	SCHLESINGER, LESLIE
STREET ADDRESS	250 S. AUSTRALIAN AVE., STE. 1003
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ashok Thakkar</i>
STREET ADDRESS	<i>13075 US 19N.</i>
CITY-ST-ZIP	<i>Clearwater, FL 33764</i>
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Karen Griffen D.</i>
STREET ADDRESS	<i>1401 61st St. South</i>
CITY-ST-ZIP	<i>Gulfport, FL 33707</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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]

9-9-05 727-299-9555