

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90094 027 \*\*\*\*61.25



**DOCUMENT # N04000001243**  
 1. Entity Name  
**AUDUBON CONDOMINIUM AT FEATHER SOUND CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
~~2400 FEATHER SOUND DR. CLEARWATER, FL 33762~~  
 Mailing Address  
~~2880 SCHERER DRIVE NORTH, #840 ST. PETERSBURG, FL 33716~~

00001003



2. Principal Place of Business  
**2870 Scherer Drive**  
 Suite, Apt. #, etc.  
**Suite 100**  
 City & State  
**St Petersburg FL**  
 Zip  
**33762** Country  
**USA**

3. Mailing Address  
**2870 Scherer Drive**  
 Suite, Apt. #, etc.  
**Suite 100**  
 City & State  
**St Petersburg FL**  
 Zip  
**33762** Country  
**USA**

04242006 Chg-NP CR2E037 (11/05)  
 4. FEI Number  
**20-1180120** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COTTERILL, RON**  
**400 NORTH TAMPA STREET, STE 2025**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1010 N. Ave**  
 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, 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, 2006**  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>THAKKAR, ASHOK<br>13075 U.S. 19 N.<br>CLEARWATER, FL 33764 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GRIFFEN, KAREN<br>1401 61ST STREET SOUTH<br>GULFPORT, FL 33707 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Bill Bennett<br>2400 Feather Sound Drive #211<br>Clearwater FL 33762 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2400 Feather Sound Dr # 111<br>Clearwater FL 33762     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2400 Feather Sound Drive # 1233<br>Clearwater FL 33762 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2400 Feather Sound Drive # 211<br>Clearwater FL 33762             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Karen Griffen PD** Date **727-299-9555** Daytime Phone #