NONPROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name

EAGLES WALK AT FEATHER SOUND HOMEOWNERS ASSOCIAT ION, INC.

Principal Place of Business

POST OFFICE BOX 20007 ST. PETERSBURG FL 33742-0007 Mailing Address

POST OFFICE BOX 2000?

ST. PETERSBURG FL 33742-0007

## FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90024 042 \*\*\*\*61.25

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L	lace of Business	Za. Mailing Address	- 53-	71- 5	08/26/1996				
	Eagles Walk Dr	26 13624 Eagle Suite, Apt. #, etc.	s wa.	ik Dr	4. FEI Number	X AD	olied For		
Suite, Apt.	#, etc.	<b>⊢</b> ''			59-3400627	<del></del>	Applicable		
22		City & State				\$8.75 4			
City & Stat		<b>├</b> ─ '	тэř		5. Certificate of Status Desired	Fee Re			
23 Clear Zip	rwater, FL Country	28 Clearwater. Zip	FL. Country	<del></del>	6. Election Campaign Financing	\$5.00	May Be		
·		29 33762 30	_ `		Trust Fund Contribution	Added to	•		
24 33762	9. Name and Address of Current!		*)		10. Name and Address of New Regi	stered Agent			
	Training and Training and Training		81	Name					
			-	C+4 4 d	desar /D.O. Boy Number in Not Accordable				
RIDLEY, FRED S 201 NORTH FRANKLIN STREET #2100			82 Street Address (P.O. Box Number is Not Acceptable)						
			83						
TAMPA FL	_ 33602					85 Zip C	ode		
1			84	City		FL 85 Zip C	-006		
11 Oursugat	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes.	the above	a-named co	reporation submits this statement for the pur	pose of changing its	registered		
office or r	egistered agent, or both, in the State of	Florida, Such change was aut	norized by	the corpora	tion's board of directors. I hereby accept the	e appointment as rec	jistered		
1	im tamiliar with, and accept the obligation	ns or, section 617,0303, FIORO	a 318101003	•	5.	114199			
SIGNATURE	Signature, typed or printed name of registered agent a	nd fille if enpilicable. (NOTE: Re	gistered Ager	il signatura raqui	ired when reinstating)	DATE /			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	<b>★</b> DELETE	1.) TITLE	Pres,	P D	Change	Addition		
NAME	MARKEL, GARY L MR.		12 NAME	` :	Frank Chiapetta				
STREET ADDRESS	AT MORTH ATT 45	10	1.3 STREET	ADDRESS .	13624 Eagles Walk D	rive			
CITY-ST-ZIP	ST. PETERSBURG FL.	•	1.4 CTTY-S	T-ZIP (	Clearwater, FL 3376	2			
TITLE	D	DELETE	2.1 TITLE		V 0	☐ Change	Addition		
NAME	PHELPS, BETTY MS.	• •	2.2 NAME		Ahmad Amadeh				
STREET ADDRESS		Yn	2.3 STREE	ADDRESS	13648 Eagles Walk D	rive			
•	ST. PETERSBURG FL	•	2.4 CITY-5		Clearwater, FL 3376				
CITY-ST-ZIP	VSTD	<b>₩</b> DELETE	3.1 TITLE	mas !	<u>T</u> 10	Change	Addition		
NUME	THOMPSON, DOUG MR.	<b>-</b>	3.2 NAME	,,	Melinda Marian		İ		
STREET ADDRESS		n	33 STREET		13743 Eagles Walk D	rive			
	ST. PETERSBURG FL		3.4, CITY-S	1	Clearwater, FL 3376				
CITY-ST-ZIP	JI. FLIENSPORG FL	☐ DELETE	4.1 TTLE			☐ Change	Addition		
NAME			4.2 NAME						
STREET ADORESS				T ADDRESS					
			4.4 CITY-S						
CITY-ST-ZIP		DELETE	5.1 TITLE	-		☐ Change	Addition		
NAME	1	- <del>-</del> -	5.2 NAME						
	1 .		5.3 STREE	TADORESS			1		
STREET ADDRESS	1		54 CTTY-8	T- ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition		
NAME		<del></del>	62 NAME						
1	1		6.3 STREE	TADDRESS					
STREET ADDRESS	}	al v <sub>e</sub> e	6.4 CITY-S						
C(TV-ST-202	,			1					

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.