2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004441

Entity Name

EAGLES WALK AT FEATHER SOUND HOMEOWNERS ASSOCIAT

Principal Place of Business Mailing Address 13641 13641 13624 EAGLES WALK DRIVE 19624 EAGLES WALK DRIVE CLEARWATER FL 33762-5529 CLEARWATER FL 33762 B0077836 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3400627 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONNOMINIUM ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) RIDLEY, FRED S 201 NORTH FRANKLIN STREET #2100 EXECUTIVE DR 260 **TAMPA FL 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD DILE ☐ Change Addition ☐ Delete TITLE NAME CHIAPETTA, FRANK NAME STREET ADDRESS 13624 EAGLES WALK DRIVE CITY-ST-ZIF CLEARWATER FL 33762 ☐ Change VD ☐ Delete

STREET ADDRESS CITY-ST-ZIP ☐ Addition NAME AHMAD, AMADEH NAME STREET ADDRESS STREET ADDRESS 13648 EAGLES WALK DRIVE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** □ Delete ☐ Change ☐ Addition TITLE TITLE NAME MARIAN, MELINDA NAME STREET ADDRESS STREET ADDRESS 13743 EAGLES WALK DRIVE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** CAVANAUGH KEVIN DO ☐ Change ☐ Delete Addition TITLE TITLE NAME STREET ADDRESS CLEARWATER, FL 33762 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 and appears, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CATSPANNALLY ED

4/19/00

727 573 9300

(66/6)

FILED

Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90045 046 ****61.25