# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 17, 2002 8:00 am**
**Secretary of State**
02-17-2002 90057 001 ****61.25

DOCUMENT # N96000004441

1. Entity Name

EAGLES WALK AT FEATHER SOUND HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13641 EAGLES WALK DRIVE<br>CLEARWATER FL 33762<br>US | 13641 EAGLES WALK DRIVE<br>CLEARWATER FL 33762<br>US |

80026250

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 3001 Executive Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>Suite 260 |
| City & State | City & State<br>Clearwater, FL |
| Zip / Country | Zip<br>33762 / Country |

4. FEI Number 59-3400627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CONDOMINIUM ASSOC.<br>3001 EXECUTIVE DRIVE SUITE 260<br>CLEARWATER FL 33762 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CAVANAUGH, KEVIN<br>2154 FEATHERSOUND DRIVE<br>CLEARWATER FL 33762 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PVPD<br>SHAPIRD, SETH<br>13692 EAGLES WALK DRIVE<br>CLEARWATER FL 33716 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Shapiro, Seth<br>13692 Eagles Walk Drive | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DIETZ, ROSEMARY<br>13670 EAGLES WALK DRIVE<br>CLEARWATER FL 33762 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** SIGNATURE REQUIRED 1-9-02 727-573-3051