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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762746 (6)
1. Corporation Name
FEATHER EDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
100 FEATHER EDGE LOOP
LAKE MARY FL 32746
100 FEATHER EDGE LOOP
LAKE MARY FL 32746-2546

3. Date Incorporated or Qualified 04/06/1982
3a. Date of Last Report 03/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2452019	Applied For <input checked="" type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip Country	29 Zip Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEAN, PAUL L. ESQ
1305 E ROBINSON ST
STE C
ORLANDO FL 32801

81 Name Paul L. Wean, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
135 E. Robinson St.
83 Suite C
84 City Orlando FL 85 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE not needed

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILENSKY, MARILYN		1.2 NAME Harry J. LaPine	
STREET ADDRESS 127 FEATHER EDGE LOOP		1.3 STREET ADDRESS 137 Feather Edge Loop	
CITY-ST-ZIP LAKE MARY FL		1.4 CITY-ST-ZIP Lake Mary, FL 32746	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MACKEY, JOAN		2.2 NAME Paul White	
STREET ADDRESS 125 FEATHER EDGE LOOP		2.3 STREET ADDRESS 145 Feather Edge Loop	
CITY-ST-ZIP LAKE MARY FL		2.4 CITY-ST-ZIP Lake Mary, FL 32746	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HATHAWAY, ELISABETH		3.2 NAME Ruth Hobson Bonnet	
STREET ADDRESS 107 CARLI COURT		3.3 STREET ADDRESS 147 Feather Edge Loop	
CITY-ST-ZIP LAKE MARY FL		3.4 CITY-ST-ZIP Lake Mary, FL 32746	
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MACKEY, HENRY		4.2 NAME Carolyn Spidel Wentzlaff	
STREET ADDRESS 125 FEATHER EDGE LOOP		4.3 STREET ADDRESS 106 Carli Court	
CITY-ST-ZIP LAKE MARY FL		4.4 CITY-ST-ZIP Lake Mary, FL 32746	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAPINE, HARRY		5.2 NAME Dale Luth	
STREET ADDRESS 137 FEATHER EDGE LOOP		5.3 STREET ADDRESS 100 Carli Court	
CITY-ST-ZIP LAKE MARY FL		5.4 CITY-ST-ZIP Lake Mary, FL 32746	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILENSKY, ELLIS		6.2 NAME Karon Luth	
STREET ADDRESS 127 FEATHER EDGE LOOP		6.3 STREET ADDRESS 100 Carli Court	
CITY-ST-ZIP LAKE MARY FL		6.4 CITY-ST-ZIP Lake Mary, FL 32746	

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: Harry J. LaPine (407) 333 9504
Date: Feb. 5, 1997
Daytime Phone: 0013939

CR2E037 (9/96)