

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763243

FILED
Feb 12, 2017
Secretary of State
CC9147434836

Entity Name: FEATHER POINTE ASSOCIATION, INC.

Current Principal Place of Business:

AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
CLEARWATER, FL 33763

Current Mailing Address:

AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
CLEARWATER, FL 33763 US

FEI Number: 59-2189257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERI-TECH REALTY, INC.
AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
CLEARWATER, FL 33763 US

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: MICHAEL G PEREZ, PRESIDENT

02/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name LONG, WILLIAM
Address AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title TD
Name GALBRAITH, TOM
Address AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title DIR
Name PERREAULT, MARC
Address AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title VPD
Name SELLERS, JAMES
Address AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title SD
Name JACOBS, MARTHA
Address AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title DIR
Name HUAL, BUD
Address AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title DIR
Name BUNAFED, PINO
Address AMERI-TECH REALTY, INC.
24701 US HWY 19 NORTH SUITE 102
City-State-Zip: CLEARWATER FL 33763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM LONG

PD

02/12/2017

Electronic Signature of Signing Officer/Director Detail

Date