2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 22, 2024
Secretary of State
4898436070CC

DOCUMENT# 763243

Entity Name: FEATHER POINTE ASSOCIATION, INC.

Current Principal Place of Business:

FEATHER SOUND DRIVE
CLEARWATER, FL 33762

Current Mailing Address:

C/O ASSOCIA GULF COAST
9887 4TH STREET N SUITE 104
ST. PETERSBURG, FL 33702 US

FEI Number: 59-2189257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST
C/O ASSOCIA GULF COAST
9887 4TH STREET N SUITE 104
ST. PETERSBURG, FL 33702 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: SHERILYN CRAIG 11/22/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	CORNELL, REVONDA	Name	CICCOLINI, JOSEPH
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104	Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	SECRETARY	Title	DIRECTOR
Name	STOUT, JERRY	Name	KRAFT, TOM
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104	Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	DIRECTOR	Title	DIRECTOR
Name	JUDKINS, BONNIE	Name	GORDON, MICHAEL
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104	Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	DIRECTOR		
Name	PROVENZANO, JEROME		
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104		
City-State-Zip:	ST. PETERSBURG FL 33702		

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: REVONDA CORNELL PRESIDENT 11/22/2024

Electronic Signature of Signing Officer/Director Detail — Date