

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001243

**Entity Name:** AUDUBON CONDOMINIUM AT FEATHER SOUND  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 09, 2020**  
**Secretary of State**  
**7599386886CC**

**Current Principal Place of Business:**

2400 FEATHER SOUND DRIVE  
CLEARWATER, FL 33762

**Current Mailing Address:**

2400 FEATHER SOUND DRIVE  
CLEARWATER, FL 33762

**FEI Number: 20-1180120**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CIANFRONE, NIKOLOFF, GRANT & GREENBERG, P.A.  
1964 BAYSHORE BOULEVARD  
SUITE A  
DUNEDIN, FL 34698 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: JOSEPH R. CIANFRONE**

**03/09/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WADE, MARY  
Address        2400 FEATHER SOUND DRIVE, UNIT  
                  815  
City-State-Zip: CLEARWATER FL 33762

Title            VP  
Name            MISHRIK, NADA  
Address        2400 FEATHER SOUND DRIVE  
                  UNIT 417  
City-State-Zip: CLEARWATER FL 33762

Title            SECRETARY  
Name            OLSON, ROBERT  
Address        2400 FEATHER SOUND DRIVE  
                  UNIT 636  
City-State-Zip: CLEARWATER FL 33762

Title            MEMBER AT LARGE  
Name            KENNEY, JANICE M.  
Address        2400 FEATHER SOUND DRIVE  
                  UNIT 232  
City-State-Zip: CLEARWATER FL 33762

Title            TREASURER  
Name            KELLY-HOEHN, DEBORAH  
Address        2400 FEATHER SOUND DRIVE  
                  UNIT 618  
City-State-Zip: CLEARWATER FL 33762

*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: MARY WADE**

**PRESIDENT**

**03/09/2020**

Electronic Signature of Signing Officer/Director Detail

Date