

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000008822

**Entity Name:** THE HOUSE OF FEATHERS, INC.

**Current Principal Place of Business:**

14728 WIND RIVER DR  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

14728 WIND RIVER DR  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 93-2534349

**Certificate of Status Desired:** No

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

HUBBS, SONYA K  
14728 WIND RIVER DR  
PALM BEACH GARDENS, FL 33418 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HUBBS, SONYA K  
Address 14728 WIND RIVER DR  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title T  
Name SKINNER, KARA  
Address 4429 GOLFERS CIR W  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title S  
Name PETRIE, HOWARD T  
Address 102 SE ASHLEY OAKS WAY  
City-State-Zip: STUART FL 34997

Title ADVISORY DIRECTOR  
Name SKINNER, JOHN  
Address 4429 GOLFERS CIR W  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR  
Name SPELLBURG, JESSICA A  
Address 36 NOTTINGHAM DRIVE  
City-State-Zip: QUEENSBURY NY 12804

*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:** HOWARD TERENCE PETRIE

**SECRETARY**

**01/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date