

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90033 048 ****61.25

DOCUMENT # 738263

1. Entity Name
FEATHER SOUND-TOWNHOUSE PHASE I
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
13894 LAKEPOINT DRIVE
CLEARWATER, FL 33762

Mailing Address
13894 LAKEPOINT DRIVE
CLEARWATER, FL 33762



01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1804163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, BETSY
13922 LAKE POINT DRIVE
CLEARWATER, FL 33762

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Betsy Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BROWN, BETSY
13922 LAKEPOINT DRIVE
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALDERSON, ANNETTE
14072 LAKE POINT DR
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
HOLTON, TIM
14055 LAKE POINT DRIVE
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LONG, CHARLENE
13995 LAKE POINT DRIVE
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SMITH, DARYN
13896 LAKEPOINT DRIVE
CLEARWATER, FL 33762

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ETMAN, DOUG
1399 LAKEPOINT DRIVE
CLEARWATER, FL 33762

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06

727 572 4977